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SECTION A REPORTS

The State has defined operational and financial reports the contractor must submit. The reports in this section are those for which the State has a defined format or template or multiple data elements. The reports are referenced according to the contract Article to which they correspond, beginning with Article 3. In cases where a specific report format or template does not exist, the State instead has defined required report elements, all of which must be addressed in full. The actual structure of such reports is being left to the discretion of the contractor. Note that additional reports are required and described in the contract. A summary table of most of the reports required under this contract is provided in A.0.0. This table is not an exhaustive list of every report; the contractor is required to submit any and all reports referenced in the contract.

A.0.0 SUMMARY TABLE OF REPORTS

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Monthly reconciliation file	3.2.5	A.3.1		✓		✓		Monthly
Encounter data	3.9, 4.7.2.A.1 & 7.26G	B.3.3		✓		✓		At least Quarterly but no more than Monthly
Second opinion program (in medical procedures)	4.1.1J	N/A	✓	✓	✓			Whenever there is a change
Supplemental benefits	4.1.7	N/A	✓	✓			✓	Whenever there is a change
Formulary	4.2.4B.3	N/A	✓	✓			✓	Whenever there is a change
Prior approval process for dispensing drugs outside of the formulary	4.2.4B.5	N/A	✓	✓			✓	Whenever there is a change
Denials of off-formulary requests	4.2.4B.5.g	N/A		✓			✓	Quarterly
Procedure for review and resolution of complaints regarding drug access and coverage	4.2.4B.8	N/A	✓	✓			✓	Whenever there is a change
Pharmacy lock-in program	4.2.4C	N/A	✓	✓	✓			Whenever there is a change
Pharmacy Lock-In Participants	4.2.4C.7 & 7.26F	A.7.17 (Table 15)		✓		✓		Quarterly
EPSDT Services	4.2.6A.6 & 7.26F	A.7.16 (Table 14)		✓		✓		Quarterly
Description of health education activities, etc.	4.2.9	N/A	✓	✓	✓			Annually
Access to HIV Testing/Treatment for Pregnant Women	4.5.7A & 7.26F	A.7.15 (Table 13)		✓		✓		Quarterly
Work plan for QAPI activities	4.6.2	N/A	✓	✓	✓			Annually
Annual report on quality assurance activities	4.6.2	N/A		✓	✓			Annually

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Utilization Summary	4.6.2F & 7.26F	A.7.7 (Table 5)		✓		✓		Quarterly
Written policies and procedures related to ethical issues	4.6.2K	N/A	✓	✓			✓	Annually or w/in 30 days of changes
HEDIS requirements	4.6.2P	N/A		✓	✓			Annually
Quality Improvement Projects (QIPs)	4.6.2Q	N/A		✓	✓			Annually
Reports re: care for persons with disabilities and the elderly	4.6.2R	N/A		✓	✓			Annually
Outcomes for people with disabilities	4.6.2S	N/A		✓	✓			Annually
Report on MH/SA services for DDD	4.6.2T	N/A		✓	✓			Annually
Description of compensation methodology for marketing & enrollment reps	4.6.2U	N/A	✓	✓	✓			Whenever there is a change
Status report on additional member satisfaction measurement or intervention efforts	4.6.2W	N/A		✓	✓			Annually
Results from member survey	4.6.2W	N/A		✓			✓	As conducted
Status report on additional measurement/ intervention efforts based on focus groups findings	4.6.2X	N/A		✓	✓			Annually
Report re: Community/Health Education Advisory Committee	4.6.2Z	N/A		✓	✓			Annually
Report re: Provider Advisory Committee	4.6.2AA	N/A		✓	✓			Annually
DUR standards to Medicaid DUR Board	4.6.4D.3	N/A	✓	✓	✓			Whenever there is a change
Grievance Summary	4.7.2.A.2 & 7.26.F	A.7.5 (Table 3)		✓		✓		Quarterly
Appointment availability studies	4.7.2A.3	N/A		✓	✓			Semi-annually
24 hour access report	4.7.2A.4	N/A		✓	✓			Annually
Records of early discharge	4.7.2A.5	N/A		✓	✓			Quarterly
Report on incidence of HIV/AIDS patients	4.7.2A.6	N/A		✓	✓			Annually
Additional reports	4.7.2A.7	N/A		✓			✓	To be determined
Documentation on on-going internal QA activities	4.7.2A.8	N/A		✓	✓			Quarterly

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Satisfaction survey of participating providers	4.7.2C	N/A		✓	✓			Annually
Justification re: PCP for less than 20 hrs/wk	4.8.2A	N/A	✓	✓	✓			Quarterly
Provider network file	4.8.3	A.4.1	✓	✓		✓		Monthly
List of diagnostic tests performed by labs	4.8.6A.2	N/A	✓	✓	✓			Annually and whenever there is a change
Provider capacity assessment	4.8.8B	A.4.2	✓	✓		✓		Semi-annually
Exceptions to ratio limit for PCP	4.8.8K	N/A	✓	✓	✓			Whenever there is a change
Exceptions to ratio limit for PCD	4.8.8L	N/A	✓	✓	✓			Whenever there is a change
Provider network accessibility analysis	4.8.11	A.4.3	✓	✓		✓		Annually
Lists of names, addresses, ownership/control information of participating provider and subcontractors	4.9.1E	N/A	✓	✓	✓			Quarterly
Generic type of provider contract	4.9.1J	N/A	✓	✓	✓			Whenever there is a change
Complete fully executed contract with each provider type	4.9.2	N/A	✓	✓	✓			Whenever there is a change
Copies of FQHC contracts	4.9.2A	N/A	✓	✓	✓			Quarterly
Certification of contractor provider network w/list of providers	4.9.2D	A.4.4	✓	✓		✓		Quarterly
Notice to DMAHS of provider termination	4.9.3B	N/A		✓			✓	Within 30 days
Contract with replacement providers	4.9.3B.2	N/A		✓			✓	Within 30 days
Changes to member services policies and procedures	5.7H	N/A		✓			✓	Whenever there is a change

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Member handbook	5.8.2	N/A	✓	✓	✓			At least annually
Orientation curriculum for enrollees	5.8.6B	N/A	✓	✓	✓			Whenever there is a change
Enrollee P-factor	5.11E & 7.26H	A.5.1		✓	✓			Monthly
Groups Needs Assessment	5.14G	N/A		✓	✓			At the end of year one
System and procedures for the receipt and adjudication of enrollee complaints and grievances	5.15.1	N/A	✓	✓	✓			Annually and Whenever there is a change
Marketing plan	5.16.1D	N/A	✓	✓			✓	Quarterly
Marketing materials	5.16.1D & G	N/A	✓	✓			✓	Quarterly
Marketing schedules, plans, etc.	5.16.1.G & 5.16.2.A.2	N/A	✓	✓			✓	At least 5 days prior to activity
Survey of new enrollees	5.16.1U.1	N/A		✓	✓			Quarterly
Survey of enrollees who disenroll/transfer	5.16.1U.2	N/A		✓			✓	Quarterly
Listing of contractor's marketing reps	5.16.2A.2	N/A	✓	✓	✓			Monthly
Provider manual and updates	6.2D	N/A	✓	✓	✓			Whenever there is a change
Provider grievances/complaints report	6.5D	N/A		✓	✓			Quarterly
Staffing changes	7.3B	N/A		✓			✓	W/in 7 days of change
Claims Lag Report	7.16.6 & 7.26E	A.7.6 (Table 4)		✓		✓		Quarterly
Physician incentive plan reporting	7.16.8.1E	B.7.1	✓	✓	✓			Varies
Certification that data submitted is accurate and complete	7.20.1	N/A	✓	✓	✓			With any report, etc.
Medicaid Enrollment by PCP	7.26F	A.7.3 (Table 1)		✓		✓		Quarterly

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Disenrollment From Plan	7.26F	A.7.4 (Table 2)		✓		✓		Quarterly
Statement of Revenues and Expenses	7.26F	A.7.8 (Table 6)		✓		✓		Quarterly
Stop-Loss Summary	7.26F	A.7.9 (Table 7)		✓		✓		Quarterly
Medicaid Claims Analysis	7.26F	A.7.10 (Table 8)		✓		✓		Quarterly
Health Care Data Elements	7.26F	A.7.11 (Table 9)		✓		✓		At least Quarterly but no more than Monthly
TPL Collections	7.26F	A.7.12 (Table 10)		✓		✓		Quarterly
Provider Additions and Deletions	7.26F	A.7.13 (Table 11)		✓		✓		Quarterly
Referrals Made to WIC	7.26F	A.7.14 (Table 12)		✓		✓		Quarterly
Ratio of PAs Denied to Requested	7.26F	A.7.18 (Table 16)		✓		✓		Quarterly
Number of Enrollees by Diagnosis	7.26F	A.7.19 (Table 17)		✓		✓		Quarterly
FQHC payments	7.26F	A.7.20 (Table 18)		✓		✓		Quarterly
Staffing positions	7.26H	N/A		✓	✓			Semi-annually
Report on appeals from providers and enrollees and enrollee call information	7.26I	A.5.1		✓		✓		Semi-annually
Information regarding HealthStart	7.26J	B.4.2		✓			✓	Quarterly
Audited financial statements (GAAP)	7.27.1	N/A		✓	✓			Annually
Financial statements (SAP)	7.27.2	N/A		✓	✓			Quarterly
HCFA-1513 form	7.37A	N/A	✓	✓		✓		Upon request
Disclosure of transactions with a "party of interest"	7.37B	N/A	✓	✓	✓			Annually and upon request

SUMMARY TABLE OF REPORTS

ITEM	CONTRACT LOCATION	APPENDICES LOCATION	DOCUMENT TYPE (1)		DOCUMENT FORMAT (2)			FREQUENCY
			S1	S2	D	T	N	
Disclosure of persons convicted of crimes	7.37C	N/A	✓	✓	✓			Annually and upon request
Report on provider and enrollee fraud and abuse	7.38	A.7.2		✓	✓			Quarterly
Insurance cancellation or change	8.3.1	N/A		✓			✓	Whenever there is a cancellation or change
Stop-loss insurance arrangements	8.3.2	N/A	✓	✓	✓			Whenever there is a change
Other coverage information	8.7H.1	A.8.1		✓		✓		W/in 30 days
Enrollee may/has instituted legal cause of action	8.7H.2	A.8.2		✓		✓		When aware
Death of enrollee	8.7H.3	N/A		✓			✓	W/in 30 days

(1) S1 = Submit prior to contracting; S2=Submit on an ongoing basis

(2) D = Data elements; T = Template; N = No format specified

A.3.0 MANAGED CARE MANAGEMENT INFORMATION SYSTEM

A.3.1 Monthly HMO Reconciliation File

The following is submitted by the contractor to DMAHS's fiscal agent.

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services
Office of Management Information Systems

File Layout

HMO Reconciliation File
File Name

Effective Date

Data Set Name

100
Record Size - Bytes

Block Size

Element	Field Name	Chars.	Bytes	Bytes # Rel to 1	Format	Cobol Picture	Description and/or Remarks
1	Medicaid-Number	12	12	1 - 12	Num	9(12)	Enrollee's Medicaid Number
2	Last-Name	12	12	13 - 24	AN	x(12)	Enrollee's Last Name
3	First-Name	7	7	25 - 31	AN	x(7)	Enrollee's First Name
4	DOB	8	8	32 - 39	Num	9(8)	Enrollee's Date of Birth
5	SSN	9	9	40 - 48	AN	x(9)	Enrollee's Social Security No.
6	Effect-Enrollee	8	8	49 - 56	Num	9(8)	Effective date of enrollment mmddyyyy format
7	Disenroll-Date	8	8	57 - 64	Num	9(8)	Disenrollment date mmddyyyy format
8	Filler	33	33	65 - 97	AN	x(33)	As Needed/If Needed
9	Plan-Code	3	3	98 - 100	AN	x(3)	### (078-098)

Format: Num = Numeric
AN = Alpha-Numeric
PD = Packed Decimal
BI = Binary

A.4.0 PROVISION OF HEALTH CARE SERVICES

A.4.1 Provider Network File

Electronic Media Provider Files

There are two provider file layouts; **Non-Institutional** and **Institutional** or Ancillary. Each file type should include all counties in which the contractor will be operational for Medicaid and NJ FamilyCare. Contractors will be required to submit complete and up-to-date network files monthly to OMHC.

Non-Institutional Provider Network Files must include all health care professionals – Primary Care Practitioners (PCPs), physician specialists, general dentists, dental specialists, other health care professionals such as optometrists, chiropractors, therapists, etc. with appropriate primary care or specialty care indicators.

The Institutional Network File must include all other ancillary, hospital and specialty care providers.

All provider files must be submitted on IBM-Compatible PC 3 ½” floppy diskette(s) in ASCII text fixed-width format according to the specifications in Attachments A & B. Please note that field names are not carried with the data in this format. Therefore, it is not necessary to use the field names as they appear. However, it is imperative to use the specified field order and sizes (i.e. the full structure) even if only submitting a subset of your network. You must allow for the specified number of spaces for every requested data field.

File names are to conform to the following convention. (e.g. @***####.txt)

where @ = ‘i’ for institutional or ‘n’ for non-institutional.

where *** = plan code

where #### = month and day

ATTACHMENT A

New Jersey Department of Human Services, Division of Medical Assistance, Office of Managed Health Care HMO Non-Institutional Provider Network File Specifications

Field	Field Name	Size	When Required	Definition	Example
1	Last Name	22	A	Individual Provider's Surname; may include Jr. or III	Jones, Jr.
2	First Name	15	A	Provider's First Name; should include middle initial	Tom T.
3	SSN	9	A	Provider's Social Security Number	150999999
4	Tax ID	9	B	Provider's Tax ID Number	229999999
5	Degree	5	A	MD, DO, etc. Do not use periods.	DO
6	Primary	1	A	Is this a primary care provider? (Y or N) Do not indicate Y for dental providers.	Y
7	Practice Name	45	B	Name of Practice if different than provider's last name	Jones Family Practice
8	Address 1	60	A	Place where services are rendered. Always start with street number if one is contained in the actual address of the practice.	225 Main St.
9	Address 2	30	B	Building Name, PO Box etc.	Suite 3
10	City	22	A	Proper Name for Municipality in which practice office is located. No abbreviations.	South Orange
11	State	2	A	Two Character State Abbreviations, NJ or other with rare exceptions	NJ
12	Zip	5	A	5 Digit Zip Code	08888
13	Phone	15	A	Include Area Code, Prefix & Number. Exclude spaces & dashes.	6095882705
14	County	2	A	Two digit code for county in which office is actually located	07
15	Office Hours	60	A	List days and hours when patients can be seen.	M9-5, T1-5, Th1-7, F & Su 12-4
16	Specialty Code	30	A	See list. List all that apply. Include one for each Record Type "s" per provider. No Spaces, Commas, Slashes, etc.	080167
17	Age Restrictions	40	B	4 spaces per specialty in sequence with specialty code in string field 16, 1 st 2 = min. age, 2 nd 2 = max. age, 0000 if none for a specialty. Omit if no specialty is limited.	00000018
18	Hospital Affiliation	30	B	Hospital where provider has admitting privileges. Required for Physicians, Podiatrists & Oral Surgeons. Allows for 10 unique 3 digit hospital codes. No Spaces, Commas, Slashes, Hyphens, etc.	060044999
19	Languages	10	A	Must be at least one even if English; See code list. No Spaces/Commas/Slashes/Hyphens, etc.	EFG9
20	Plan Code	3	A	Three Digit Plan Code	099
21	Panel Status	1	A	O = Open, F = Frozen (no new patients)	O
22	Specialty Name	30	A	Show one narrative specialty name per record.	Family Practice

Field	Field Name	Size	When Required	Definition	Example
23	Panel Capacity	4	B	Potential Number of Members: PCPs & General Dentists	1500
24	Members Assigned	4	B	Actual Number of Members Assigned: PCPs & Dentists	900
25	Record Type	3	B	a = addition of record to file (excludes d & c) d = deletion of record from file (excludes a & c) c = change (excludes a & d) s = multiple listing of provider, unique specialty l = multiple listing of provider, unique location Use all that apply. No Spaces, Commas, Slashes, etc.	asl
26	Date	10	A	The date the Network Update File or Application Network File was last determined to be current. mm/dd/yyyy	06/01/2000
27	Servicing County	2	B	If other than actual county; include a record for each county served. Out-of-county physicians may not be considered in applications except in non-urban counties	
28	Total Hours	2	A	PCPs and Dentists only. Total number of hours for record. Round down.	20
29	Medicaid ID	7	B	Provider's Medicaid ID	1234567

A = Always Required

B = Required When Applicable

ATTACHMENT B

New Jersey Department of Human Services, Division of Medical Assistance, Office of Managed Health Care HMO Institutional Provider Network File Specifications

Field	Field Name	Size	When Required	Definition	Example
1	Provider Name	45	A		Doc's Drugs
2	Provider Type	30	A		Pharmacy
3	Provider Tax ID	9	A	Provider's Tax ID Number	229999999
4	Address1	60	A	Always start with street number if one is contained in the actual address of the practice.	22 Main St.
5	Address2	30	B	Building Name, PO Box etc.	Suite 3
6	City	22	A	Proper Name for Municipality in which practice office is located. Use no abbreviations	South Orange
7	State	2	A	Two Character State Abbreviation, NJ with rare exceptions.	NJ
8	Zip	5	A	5 Digit Zip Codes	08888
9	Phone	15	A	Include Area Code, Prefix & Number. Don't include spaces or dashes.	6095882705
10	County	2	A	Two digit code for county in which office is actually located.	07
11	Plan Code	3	A	Three Digit Plan Code.	099
12	Specialty Code	3	A	See code list. Use one.	500
13	Servicing County	2	B	If other than actual county; include a record for each county served.	
14	Date	10	A	Fill with date Network Update File or Application Network File was submitted to OMHC mm/dd/yyyy	06/01/2000
15	Record Type	1	B	a = addition of record to file (excludes d) d = deletion of record from file (excludes a)	a
16	Medicaid ID	7	B	Provider's Medicaid ID	1234567
17	Hospital Code	3	B	Unique Hospital Code	999

A = Always Required

B = Required When Applicable

ATTACHMENT C
NJ DMAHS OMHC Specialty Codes
NETWORK FILES ONLY – NOT FOR BILLING

000	Unknown	140	Neurosurgery	240	Plastic Surgery
010	General Practice	141	Pediatric Neurosurgery	250	Physical Medicine
020	General Surgery	142	Spina Bifida Centers/Provider	251	Pediatric Physical Medicine
021	Surgery, Pediatric	143	Adult Scoliosis	260	Psychiatry
030	Allergy	145	Spinal Cord Injury	262	NP Psychiatric Mental Health
031	Ped Allergy	150	Certified Nurse Midwife	270	Psychiatry; Neurology (Osteopaths Only)
032	Medical Toxicology	160	OB/GYN	280	Proctology
034	Infectious Disease	162	NP OB/GYN	282	Colon/Rectal Surgery
035	Pediatric Infectious Disease	164	NP Women's Health	290	Pulmonology
036	Endocrinology	165	Maternal Fetal Medicine	291	Ped Pulmonology
037	Reproductive Endocrinology	166	NP Maternity/Child Health	300	Radiology
038	Pediatric Endocrinology	167	Genetics	302	NP Oncology
040	Otology, Laryngology, Rhinology, Ototaryngology/ENT	168	Genetic Testing & Counseling Center	303	Radiation Oncology
041	ENT Pediatric	170	Ophthalmology, Otology, Laryngology, Rhinology (Osteopaths Only)	305	Gynecologic Oncology
042	Speech	180	Ophthalmology	306	Hematology
043	Audiology	181	Ped Ophthalmology	307	Ped Hematology
050	Anesthesiology	190	NP Gerontology	308	Oncology
051	Ped Anesthesiology	191	Geriatrics	309	Pediatric Oncology
060	Cardiology, Cardiovascular Disease	200	Orthopedics	310	Roentgenology, Radiology (Osteopaths Only)
061	Pediatric Cardiology	201	Pediatric Orthopedics	320	Radiation Therapy (Osteopaths Only)
070	Dermatology	204	Rheumatology	330	Thoracic Surgery
080	Family Practice	205	Ped Rheumatology	331	Ped Thoracic Surgery
082	NP Family	210	Clinical Pathology	340	Urology
090	Gynecology (Osteopaths Only) – Fetal Medicine	220	Pathology	341	Pediatric Urology
100	Gastroenterology	223	Hemophilia Treatment Center	350	Chiropractor
101	Pediatric Gastroenterology	224	HIV/AIDS Center	360	Nuclear Medicine
110	Internal Medicine	225	Pediatric HIV Treatment Center	370	Pediatrics
120	Manipulative Therapy (Osteopaths Only)	226	Sickle Cell Disease & Other Hemoglobinopathies Centers	371	Adolescent Medicine
130	Neurology	230	Peripheral Vascular Disease or Surgery (Osteopaths Only)	372	NP Pediatric
131	Neurology Pediatric	232	Cardiovascular Surgery	373	Neonatology

374	NP Neonatal	610	Psychologist	760	Adult Day Care
375	Perinatology	611	Child Development	762	TBI Day Program
376	NP Perinatal	620	Individual Physical Therapist	770	Medical Day Care – Free Standing
380	Home Health Agency	622	Individual Occupational Therapist	780	Medical Day Care – Hospital Based
390	Nephrology	623	Speech Pathologist	790	Medical Day Care – LTC Based
391	Pediatric Nephrology	624	Audiologist	800	Renal Dialysis
400	Hand Surgery	625	Hearing Aid Provider	810	Case Management – GSHP
402	Sports Medicine	630	Dentist, DDS, DMD	812	Case Management – CCPED
404	Pain Management	640	Oral Surgeon, Dental	813	Child Clinic Case Management
410	Emergency Medicine	642	Maxiofacial Surgery	814	Case Management – Model Waivers
412	Critical Care Medicine	645	Cleft Lip/Palate – Craniofacial Center	816	Case Management – ACCAP
420	Heterogeneous Group	650	Endodontist	817	TBI Case Management
440	Public Health	660	Orthodontist	819	Adult Clinic Case Management
450	NP Community Health	670	Prosthodontist	820	Private Duty Nursing
460	NP School Health	680	Pedodontist	822	Adult Liaison Services
470	NP Adult Health	690	Penodontist	824	Child Liaison Services
480	Podiatry	700	Independent Laboratory (billing independently)	830	Intensive Supervision
490	Miscellaneous (Admin. Medicine)	710	Clinic or Other Group Practice, Except GPP	831	ABC Waiver
500	Pharmacy	712	FQHC	840	Special Group Foster Home
510	Medical Supply Company with Certified Orthotist	720	Personal Care Assistance – Aged & Disabled	850	Hospice
520	Medical Supply Company with Certified Prosthetist	722	Personal Care Assistance – Mental Health	860	Hospitals
530	Medical Supply Company with Certified Prosthetist Orthotist	725	Day Training	861	Nursing Home
540	Medical Supply Company Not Included in 510, 520, 530	728	Transportation Services	862	Respite
550	Individual Certified Orthotist	730	Early Intervention	864	TBI Respite Inpatient
560	Individual Certified Prosthetist	740	Special Education	868	Subacute Care Facility
570	Individual Certified Prosthetist Orthotist	741	Child Development/Child Evaluation Center	870	All Other
580	Individual Not Included in 550, 560, 570	743	Autism and Attention Deficits	871	Pediatric Tertiary Center
590	Ambulance Service Supplier, Private	744	Center for Care of Children with PKU	880	Optician
600	Welfare Agencies & Clinics	750	Other Medical Care	890	Optometrist

895 Optical Appliance Supplier
910 Independent Clinic –
Ambulatory Surgery Center
920 Independent Clinic –
Drug/Alcohol
930 Independent Clinic – Family
Planning
940 Independent Clinic – Mental
Health
950 Independent Clinic –
Community Health
960 Independent Clinic – Cerebral
Palsy
965 Independent Clinic – Birthing
Center
970 DOH Clinic
980 Home Health – CCPED/Home
Care Expansion
982 Homemaker – CCPED
983 TBI Environmental
Modification
984 TBI in Home Care
985 TBI Behavior Program
986 TBI Community Residential
Services
987 TBI Transportation
988 TBI Therapies
989 TBI Counseling
990 All Specialties

ATTACHMENT D

NJDHS, DMAHS, OMHC Provider Network File Codes

Language Codes		County Codes	
A	Arabic	01	Atlantic
B	Hebrew	02	Bergen
C	Chinese	03	Burlington
D	Greek	04	Camden
E	English	05	Cape May
F	French	06	Cumberland
G	German	07	Essex
H	Hindi	08	Gloucester
I	Italian	09	Hudson
J	Hungarian	10	Hunterdon
K	Korean	11	Mercer
L	Polish	12	Middlesex
M	Tagalog	13	Monmouth
N	Japanese	14	Morris
O	Pakistani	15	Ocean
P	Portuguese	16	Passaic
Q	Indian	17	Salem
R	Filipino	18	Somerset
S	Persian	19	Sussex
T	Russian	20	Union
U	Danish	21	Warren
V	Spanish/No English		
W	Turkish		
X	Vietnamese		
Y	Yugoslavian		
Z	Other		
0	American Sign Language		
1	Swedish		
2	Spanish/Understands English		
3	Ukrainian		
4	Dutch		
5	Urdu		
6	Romanian		
7	Mandarin		
8	Iranian		
9	Thai		

ATTACHMENT E
Hospital Code List

Hospital	Hospital Code
HACKENSACK HOSPITAL	001
NEWARK BETH ISRAEL MEDICAL CENTER	002
PALISADES GENERAL HOSPITAL	003
HUNTERDON MEDICAL CENTER	005
SAINT MARY'S HOSPITAL-PASSAIC	006
HOLY NAME HOSPITAL	008
CLARA MAASS MEDICAL CENTER	009
MEDICAL CENTER AT PRINCETON	010
BURDETTE TOMLIN MEMORIAL HOSPITAL	011
VALLEY HOSPITAL	012
IRVINGTON GENERAL HOSPITAL	013
COOPER HOSPITAL/UNIVERSITY MEDICAL CENTER	014
MORRISTOWN MEMORIAL HOSPITAL	015
CHRIST HOSPITAL	016
CHILTON MEMORIAL HOSPITAL	017
SAINT JOSEPH'S HOSPITAL	019
BETH ISRAEL HOSPITAL-PASSAIC	020
SAINT FRANCIS MEDICAL CENTER (TRENTON)	021
WEST JERSEY HEALTH SYSTEM	022
RAHWAY HOSPITAL	024
BAYONNE HOSPITAL	025
BARNERT MEMORIAL HOSPITAL	026
ELIZABETH GENERAL MEDICAL CENTER	027
NEWTON MEMORIAL HOSPITAL	028
OUR LADY OF LOURDES MEDICAL CENTER	029
DEBORAH HEART AND LUNG CENTER	031
SOUTH JERSEY HOSPITAL SYSTEM	032

Hospital	Hospital Code
RIVERVIEW HOSPITAL	034
SOUTH AMBOY MEMORIAL HOSPITAL	036
PASCACK VALLEY HOSPITAL	037
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL	038
RARITAN BAY MEDICAL CENTER	039
SAINT MARY HOSPITAL-HOBOKEN	040
COMMUNITY MEDICAL CENTER	041
WEST HUDSON HOSPITAL	042
MONTCLAIR COMMUNITY HOSPITAL	043
MERCER MEDICAL CENTER (Capital Health System)	044
ENGLEWOOD HOSPITAL ASSOCIATION	045
SHORE MEMORIAL HOSPITAL	047
SOMERSET MEDICAL CENTER	048
SAINT FRANCIS COMMUNITY HOSPITAL (JERSEY CITY)	049
SAINT CLARE'S HOSPITAL, INC. /DENVILLE	050
OVERLOOK HOSPITAL	051
MEDICAL CENTER OF OCEAN COUNTY	052
MOUNTAINSIDE HOSPITAL	054
MEMORIAL HOSPITAL OF BURLINGTON COUNTY	057
BERGEN PINES COUNTY HOSPITAL	058
WARREN HOSPITAL	060
ZURBRUGG MEMORIAL HOSPITAL	061
UNITED HOSPITAL MEDICAL CENTER	062
MUHLENBURG REGIONAL MEDICAL CENTER	063
ATLANTIC CITY MEDICAL CENTER	064
DOVER GEN HOSP (ST. CLARE'S HOSPITAL, INC./ DOVER)	067
ELMER COMMUNITY HOSPITAL	069
SAINT PETER'S MEDICAL CENTER	070
SAINT ELIZABETH HOSPITAL	072

Hospital	Hospital Code
JERSEY SHORE MEDICAL CENTER	073
JERSEY CITY MEDICAL CENTER	074
MONMOUTH MEDICAL CENTER	075
SAINT BARNABAS MEDICAL CENTER	076
GENERAL HOSPITAL CENTER AT PASSAIC	077
HOSPITAL CENTER AT ORANGE	078
UNDERWOOD-MEMORIAL HOSPITAL	081
EAST ORANGE GENERAL HOSPITAL	083
KIMBALL MEDICAL CENTER	084
KENNEDY MEMORIAL AT STRATFORD	086
NEWCOMB MEDICAL CENTER	087
WILLIAM B. KESSLER MEMORIAL HOSPITAL	088
UNION HOSPITAL	090
MEMORIAL HOSPITAL OF SALEM COUNTY	091
HELENE FULD MEDICAL CENTER	092
COLUMBUS HOSPITAL	093
CATHEDRAL HEALTHCARE SYSTEM	096
GREENVILLE HOSPITAL	105
JFK @ EDISON	108
RWJ @ HAMILTON	110
CENTRASTATE MEDICAL CENTER	111
BAYSHORE COMMUNITY HOSPITAL	112
SOUTHERN OCEAN COUNTY HOSPITAL	113
HACKETTSTOWN COMMUNITY HOSPITAL	115
WAYNE GENERAL HOSPITAL	116
MEADOWLANDS HOSPITAL	118
UNIVERSITY HOSPITAL (UMDNJ)	119
WALLKILL VALLEY (ST. CLARE'S HOSPITAL INC./ SUSSEX)	120

A.4.2 Data Elements for Assessment of Provider Capacity by County

The data elements required from each plan, by enrollment area, are defined as follows

Line 1 -- Current plan enrollment (DMAHS and non-DMAHS): This is the current enrollment in the plan, including public and private sponsored, group and individual members.

Line 2 -- Maximum DMAHS slots: This represents the maximum number of enrollees which the plan is permitted to enroll in a given county area.

Line 3 -- Number of current DMAHS enrollees: This is the total number of plan members who are currently enrolled through DMAHS.

Lines 4 through 8 -- Number of primary care physicians: Line 4 represents the number of primary care physicians participating in the plan, for which formal participation agreements have been obtained. Include only *actively* participating physicians, that is, those who have accepted any DMAHS enrollees or who have open practices. This measure should include all primary care physicians with participation agreements, regardless of practice setting (e.g., staff model, medical group, FQHC). The number of participating PCPs must be adjusted to reflect their level of participation, based on the number of slots the provider has agreed to accept. Lines 5 through 8 disaggregate physicians according to primary care specialty.

Lines 9 through 12 -- Number of mid-level providers: Line 9 represents the total number of mid-level providers in the plan who are eligible to serve as PCPs. Include only *actively* participating providers, that is, those who have accepted any DMAHS enrollees. This measure should include all mid-level providers with participation agreements, regardless of practice setting (e.g., staff model, medical group, FQHC). The number of participating PCPs must be adjusted to reflect level of participation, based on the number of slots the provider has agreed to accept. Lines 10 through 12 disaggregate mid-level providers by type.

Line 13 -- Number of specialists in panel: This represents the total number of specialists who are participating in the panel (i.e., have formal participation agreements). The list of specialties that must be included in the capacity assessment is found in Section 4.8.8.

Line 14 -- Number of specialties represented in panel: This reflects a count of the number of different medical and surgical specialties (or the actual number of specialists) included in the provider panel.

Line 15 -- Number of dentists in panel: This represents the number of primary care dentists who have signed participation agreements with the plan. The number of participating dentists must be adjusted for the level of participation, that is, the number of DMAHS enrollees that each dentist has agreed to accept.

Line 16 -- Number of hospitals with contracts: Indicate the number of hospitals per county.

Line 17 -- Number of FQHCs: Indicate the number of contracts with a Federally Qualified Health Center in a county.

Line 18 -- Formal linkages with Centers of Excellence: Indicate the number of Centers of Excellence with formal linkages, through contract or other formal agreement, in a county.

Line 19 -- Working linkages with Local Health Departments: Indicate the number of Local Health Departments with working linkages in a county.

Line 20 -- Working linkages with School Based Youth Services Programs: Indicate the number of School Based Youth Services Programs with working linkages in a county.

Lines 21 and 22 -- Average travel times/distances to PCP and hospital: Document the average length of time or distance that an enrollee must travel to a PCP, and hospitals. Document the methods used to derive the estimates.

DATA ELEMENTS FOR ASSESSMENT OF PROVIDER CAPACITY BY COUNTY

Plan Name _____

Region _____

Reporting Date _____

Line	Data Element	County	County	County	County
	Plan Enrollment				
1	Current Plan Enrollment (DMAHS & Non-DMAHS)				
2	Maximum DMAHS Slots				
3	Number of Current DMAHS Enrollees				
	Primary Care Providers participating in the Plan				
4	Number of Primary Care Physicians				
5	General/Family Practice				
6	Pediatrics				
7	General Internal Medicine				
8	OB/GYN				
9	Number of Mid-Level Providers				
10	Physician Assistants				
11	Licensed Nurse Practitioners				
12	Certified Nurse Midwives				
	Other Providers in Panel				
13	Number of Specialists in Panel				
14	Number of Specialties Represented in Panel				
15	Number of Primary Care Dentists in Panel				
16	Number of Contracted Hospitals				
	Specialty Centers				
17	Number of FQHCs				
18	Number of Centers of Excellence				
19	Number of Local Health Depts.				
20	Number of School Based Youth Services Programs				
	Travel Time/Distance				
21	Average Travel Time/Distance to PCP				
22	Average Travel Time/Distance to Hospital				

A.4.3 Network Accessibility Analysis

Network Accessibility Analysis for New Jersey Medicaid/NJ FamilyCare

To enable DMAHS to accurately compare the accessibility of each contractor's managed care networks for New Jersey Medicaid/NJ FamilyCare, the contractor's analysis must meet the following data standards and report specifications.

A – Data Standards

- 1) The contractor should use the eligibility data files provided by DMAHS. The data have been geocoded by street address to assure accuracy and consistency between respondents' analyses. The file contains eligibility information for each county within the State.

A random ten percent (10%) sampling has been extracted for each county except the following: Burlington, Cape May, Cumberland, Gloucester, Hunterdon, Morris, Salem, Somerset, Sussex, and Warren. For the ten (10) counties named above, the complete population has been included.

- 2) A minimum of sixty percent (60%) of the contractor's network provider addresses should be exactly geocoded. For any address that cannot be exactly geocoded, the address should be geocoded using a technique that takes into account population density. Placing providers at zip code centroids or randomly within zip codes is not acceptable.
- 3) If more than one provider is located at the same address, all providers at that address should have the same geographic coordinates.
- 4) Physicians should be classified based on their primary specialty only. For example, a pediatric cardiologist should be classified as cardiologist, not a pediatrician.
- 5) The provider file should include the capacity for each provider. In most cases, this will be 1500. When evaluating a county where a 10% sampling of the population has been provided (see #1 above), use an individual capacity of 150, or one-tenth of the actual capacity. Use the "Individual Capacity" option when running the report.
- 6) For providers who have more than one office location, indicate each location by a separate record in the provider file. Divide the capacity of the provider by the number of locations. For example, if the provider capacity is 150, and the provider has two offices, each office would have a capacity of 75.

B – Report Specifications

- 1) Prepare a separate geographic accessibility analysis for each county. Restrict provider groups to service area equal to county. Separate analyses are required for each of the following:

	Beneficiaries – Include all AFDC, DYFS, NJ FamilyCare, SSI-ABD		
Provider Type	All Ages	Children under 21	Adults 21 and up
Adult PCPs (FP, GP, IM OB/GYN-women only)			Page Codes 1-9
Pediatric PCPs (FP, Ped., GP)		Page Codes 1-9	
General Dentists	Page Codes 1-9		
Hospitals	Page Codes 1-10 & 12		
Blood Drawing Centers and Labs that Draw Blood	Page Codes 11 & 12		

- 2) See Article 4.8.8 for standards A and B for each provider type. For example, eligibles living in urban areas should have two PCPs within six miles. Mileage should be calculated on an estimated driving distance basis.
- 3) Each of the analyses should consist of the pages indicated above.

Page Code	Access Standard	Description
1	na	This cover page of each report includes plan name, county, beneficiary group and date.
2	na	This page uses a graph to illustrate the percentage of beneficiaries who have access to a group of providers at various distances. It includes a table showing the average distances to the nearest choices of one, two, three, four and five providers.
3	na	This page shows, by zip code, the average distance for beneficiaries to two providers and the percentage of beneficiaries having two providers within 2, 6, 10 and 15 miles.
4	A	This page shows the number of providers, the number of beneficiaries with access to two providers and the average distance to up to five providers for beneficiaries with access. It also analyzes beneficiary accessibility in ten key cites.
5	A	This page shows, by zip code, the number and percentage of beneficiaries who do not have access to a choice of two providers and the average distance to one and two providers.
6	B	This page shows the number of providers, the number of beneficiaries with access to one provider and the average distance to up to five providers for beneficiaries with access. It also analyzes beneficiary accessibility in ten key cites.
7	B	This page shows, by zip code, the number and percentage of beneficiaries who do not have access to one provider and their average distance to one provider.
8	na	This includes documentation about the report and its data sources.

Page Code	Access Standard	Description
9	A	This county map shows beneficiary locations for those who do not have access to two providers. Use 2 point black circles for beneficiaries.
10	na	This county map shows provider locations. Use 12 point light gray circles for individual and 12 point black triangles for multiple provider locations.
11	na	This county map shows all beneficiaries and a five mile radius circle around each provider location. The map should show only "Radius 1" which should be transparent. Use provider and beneficiary symbol specifications from page codes 9 and 10.
12	na	This should be a hard copy of the geocoded provider file, which must include name, specialty/type, address, zip code, individual capacity (where applicable), geographic coordinates and geocoding method return code.

- 4) Save to a dBASE file the geocoded provider file according to the specifications indicated in Figure 1.

Figure 1

Field Name	Description
NAME1	Last name for individual providers (include suffix, e.g., Jr., Sr.) Entire name for institutions
NAME2	First name and middle initial with period for individuals
ADDRESS1	Street number first then street name where medical care is actually provided
ADDRESS2	Additional information (e.g., suite #, building name)
STDCITY	Standard city name according to geocoder output field
STATE	State
ZIP	Full zip codes in character or text format to show leading zeros
SPECIALTY	Primary specialty only for individual providers Provider type for institutions
LONGITUDE	Geocoded Longitude
LATITUDE	Geocoded Latitude
GEOMETHOD	Return codes from geocoder
CAPACITY	Individual capacity used for access analysis when applicable

Report specifications, calculations and supporting data files for geographic analysis reports submitted to DMAHS must be retained in accordance with 45 C.F.R. Part 74 and made available on request.

A.4.4 Certification of Contractor Provider Network

CERTIFICATION OF CONTRACTOR PROVIDER NETWORK

I, _____, hereby certify both personally and on behalf of
[Name & Title of HMO officer]
_____ that all of the health care providers whose names appear on the attached
[Name of HMO]
list, dated _____, have signed valid, written contracts with _____
[Date] [Name of HMO]
which are currently in effect and are similar in all material respects to the sample provider
agreements submitted on _____ to and approved by the Office of Managed Health
[Date]
Care, Division of Medical Assistance and Health Services by _____. I further
[Name of HMO]
certify that all of the providers listed have expressly agreed to serve New Jersey Medicaid and
NJ FamilyCare beneficiaries who enroll in _____.
[Name of HMO]
I certify that _____ has in its possession signed, legally binding contracts
[Name of HMO]
with each of the providers included on the attached list which are available to the State for
inspection at any time at the following location: _____
_____ agrees that the State shall have access to its current provider contracts
[Name of HMO]
through any means the State deems reasonable and appropriate. Entire executed provider
contracts shall be submitted to the State immediately upon request.

I certify that the foregoing statements made by me are true. I am aware if any of the foregoing
statements made by me are willfully false, I am subject to punishment.

Signature: _____

Print Name: _____

Title of HMO Officer: _____

Name of HMO: _____

Date: _____

A.5.0 ENROLLEE SERVICES

A.5.1 Enrollee P-Factor

The P-Factor Report is a monthly report and shall be submitted within ten (10) calendar days after the end of every month to monitor telephone access to the enrollees. This report shall be a summary report containing current and all previous months' information and shall contain, but not be limited to, the following:

- a. Month
- b. Busy rate
- c. Waiting time on hold
- d. Number of lines
- e. Number of operators
- f. Number of hang-ups

A.7.0 TERMS AND CONDITIONS

A.7.1 Certification Regarding Lobbying

The contractor must sign and return the form on the following page.

CERTIFICATION REGARDING LOBBYING

The undersigned certifies to the best of his or her knowledge that:

No federal appropriated funds have been paid or will be paid to any person by or on behalf of the contractor for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative contract, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for the purpose of influencing or attempting to influence an officer or employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative contract, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative contract, and the contract exceeds \$100,000, the contractor shall complete and submit Standard Form-LLL "Disclosure of Lobbying Activities" in accordance with its instructions.

The contractor shall include the provisions of this section in all provider contracts under this contract and require all participating providers whose provider contracts exceed \$100,000 to certify and disclose accordingly to the contractor.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction pursuant to 31 U.S.C. 1352. The failure to file the required certification shall subject the violator to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

SIGNATURE: _____ DATE: _____

NAME (PRINT): _____

TITLE: _____

ORGANIZATION: _____

A.7.2 Fraud and Abuse

- A. The contractor shall report to the Department all identified instances (proven or suspected) of provider, subcontractor, and enrollee fraud and abuse with supporting case documentation attached to the report.

The contractor must submit quarterly the following report with monthly data identified by reporting month:

Month

Year

	Beginning of the month		Added during the month		Completed/closed		End of Month	
	Provider	Enrollee	Provider	Enrollee	Provider	Enrollee	Provider	Enrollee
# Of Cases								
Totals								

- B. The contractor must report in detail to DMAHS the following information for cases involving providers, subcontractors, and enrollees:

Case name

Date opened

Reason for initiating case

Date of notification to DMAHS

Date of approval from DMAHS

Personnel assigned to case

Date of completion

Findings

Date of screening with DMAHS

Actions

A.7.3

Table 1 Medicaid Enrollment by Primary Care Providers

Listed alphabetically by provider type and for each primary care physician, primary care dentist primary care CNP/CNS, and primary care physician assistant, the contractor shall enter the total number of enrollees at the end of the prior quarter and for the reporting period and member months for the quarter.

STATE OF NEW JERSEY

Plan Name _____

Quarter Ending _____

TABLE 1

MEDICAID ENROLLMENT BY PRIMARY CARE PROVIDERS

Primary Care Providers List, by type of provider, alphabetically by last name with one line for each county in which provider practices.	Specialty	County	# of Enrollees at End of Prior Quarter	Total # Enrollees for Reporting Period	Total Member Months for Quarter
Primary Care Physicians					
Dentists					
CNP/CNSs					
Physician Assistants					
Total					

Total # PCPs		
Total # PCPs With Enrollees		
Total # PCPs Without Enrollees		
Total # Dentists		
Total # Dentists With Enrollees		
Total # Dentists Without Enrollees		
Total # CNP/CNSs		
Total # CNP/CNSs With Enrollees		
Total # CNP/CNSs Without Enrollees		
Total # PAs		
Total # PAs With Enrollees		
Total # PAs Without Enrollees		

A.7.4

Table 2 Disenrollment From Plan

The contractor shall aggregate the disenrollment from the plan of the number of enrollees (not cases/families) by eligibility category and reason for disenrollment by identifying involuntary (Section A) and voluntary (Section B) disenrollments. All reasons must be explained in the appropriate space provided.

“NJ FamilyCare” in this and other tables includes Plans B, C, and D.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 2
DISENROLLMENT FROM PLAN

A. Involuntary Disenrollment By Reason

	AFDC	DYFS	SSI - ABD	NJ FamilyCare	TOTAL
Death					
Institutionalized					
Moved From Enrollment Areas					
Loss of Medicaid Eligibility					
Change in Medicaid Aid Category					
Termination By Plan					
Other*					
TOTAL					

* Explanation of Other

B. Voluntary Disenrollment By Reason

	AFDC	DYFS	SSI - ABD	NJ FamilyCare	TOTAL
Closed Panel of Providers					
Emergency Treatment Procedures					
Delay in Securing Appointments					
Dissatisfaction With PCP					
Other*					
TOTAL					

* Explanation of Other

A.7.5

Table 3 Grievance Summary

The contractor shall provide to DMAHS quarterly reports of all grievances in accordance with Article 5.15 and the contractor's approved grievance process included in this contract.

In Section A the contractor shall include the number of grievances initiated in the quarter by subject by eligibility group. In Section B the contractor shall list the status of grievances, and in Section C the contractor shall list the status of appeals.

Daily written or computerized logs, with specific documentation, shall be maintained for these summary reports. These logs, with specific documentation, shall be made available to the Department staff or other duly authorized State and/or federal representatives.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 3
GRIEVANCE SUMMARY

A. Summarize the number of grievances initiated in the report quarter by subject.

	AFDC	DYFS	SSI - ABD	NJ FamilyCare	TOTAL
Emergency Care Access					
Primary Care Provider - Location					
Primary Care Provider - Waiting Time					
Primary Care Provider - Other					
Restricted Panel of Providers					
Specialty Care Referrals					
Inpatient Care					
Quality of Care Issues					
Other*					
TOTAL					

* Explanation of Other

B. Status of Grievances

	AFDC	DYFS	SSI - ABD	NJ FamilyCare	TOTAL
Total Grievances Outstanding at end of Prior Quarter					
New Grievances This Quarter					
Grievances Resolved During Quarter					
Grievances Outstanding 45 Days or Longer					
Grievances Outstanding at End of Quarter					

C. Appeals

	AFDC	DYFS	SSI - ABD	NJ FamilyCare	TOTAL
Total Appeals Outstanding at end of Prior Quarter					
New Appeals This Quarter					
Appeals Resolved During Quarter					
Appeals Outstanding 45 Days or Longer					
Appeals Outstanding at End of Quarter					

A.7.6

Table 4 Claims Lag Report

Note: Use this form to report **electronically submitted** claims that were processed during the quarterly period. Claims submitted and processed electronically must be reported separately on Table 4A. Electronic claims submission shall be processed within 30 days of receipt.

Report amounts for each category of service and total listed in Column 1 in the following columns:

Non-Processed Claims from Prior Quarters (Column 2) – Enter the number of electronically submitted claims on-hand that were unprocessed as of the closing date of the last quarterly period. The number should be the same as was reported in Column 16 of the prior quarterly report.

Claims Rec'd During Quarter (Column 3) – Enter the amount of all electronically submitted claims that were received during the quarterly period being reported.

Total Claims (Column 4) – Enter the sum of Columns 2 and 3.

Claims Processed This Quarter (Column 5) – Enter the amount of all electronically submitted claims processed (both paid and denied) during the quarterly period being reported. Do not count pending claims

1-30 Days (Column 6) – Enter the number of electronically submitted claims that were processed (either paid or denied) within 40 days of their receipt. Note: The number of days required to process a claim is calculated by comparing the date the claim was received by the contractor to the date the claim was paid or denied by the contractor (See Article 7.16.5 of the contract for further detail).

% of Total (Column 7) – Enter the percentage of electronically submitted claims processed within 40 days (Compared to total claims processed. Divide Column 6 by Column 5 to arrive at percent.)

31-60 Days (Column 8) – Enter the number of electronically submitted claims that were processed (either paid or denied) between 41-60 days of their receipt

% of Total (Column 9) – Enter the percentage of electronically submitted claims processed between 41-60 days (Compared to total claims processed. Divide Column 8 by Column 5 to arrive at percent.)

61-90 Days (Column 10) – Enter the number of electronically submitted claims that were processed (either paid or denied) between 61-90 days of their receipt.

% of Total (Column 11) – Enter the percentage of electronically submitted claims processed between 61-90 days (Compared to total claims processed. Divide Column 10 by Column 5 to arrive at percent.)

91-120 Days (Column 12) – Enter the number of electronically submitted claims that were processed (either paid or denied) between 91-120 days of their receipt

% of Total (Column 13) – Enter the percentage of electronically submitted claims processed between 91-120 days of their receipt (Compared to total claims processed. Divide Column 12 by Column 5 to arrive at percent.)

>120 Days (Column 14) – Enter the number of electronically submitted claims that were processed (either paid or denied) after 120 days of their receipt.

% of Total (Column 15) – Enter the percentage of electronically submitted claims processed after 120 days (Compared to total claims processed. Divide Column 14 by Column 5 to arrive at percent.)

Non-processed Claims on Hand at End of Quarter (Column 16) – Enter the number of electronically submitted claims on hand that were not processed as of closing date of the last report period. (Should be the difference of Column 4 minus Column 5). Same number should match number of claims entered in Column 2 of next quarter report.

% of Claims Not Processed at End of Quarter (Column 17) – Divide Column 16 by Column 4 to arrive at percent.

Plan Name _____

Quarter Ending _____

TABLE 4**CLAIMS LAG REPORT FOR ELECTRONICALLY SUBMITTED CLAIMS**

1	2	3	4	5	Claims Processed During Quarter												16	17
Category of Services	Non-Processed Claims From Prior Quarters	Claims Rec'd During Quarter	Total Claims (cols 2+3)	Claims Processed This Quarter (cols 6+8 +10+12+14)	6	7	8	9	10	11	12	13	14	15	Non-Processed Claims on Hand at End of Quarter	% of Claims Not Processed at End of Quarter (col 16 ÷ col 4)		
					01-30 Days	% of Total	31-60 Days	% of Total	61-90 Days	% of Total	91-120 Days	% of Total	>120 Days	% of Total				
Inpatient Hospital																		
Primary Care																		
Physician Specialty Services																		
Hospital Outpatient																		
Other Professional Services																		
Emergency Room																		
DME/Medical Supplies																		
Prosthetics & Orthotics																		
Dental																		
Pharmacy																		
AIDS/HIV Reimbursable Drugs																		
Home Health Care																		
Transportation																		
Lab & X-ray																		
Vision Care & Eyeglasses																		
Mental Health/Substance Abuse																		
Other Medical																		
Total																		

A.7.7

Table 5 Utilization Summary

Table 5A

In Table 5A the contractor shall report the total number of reported Medicaid/NJ FamilyCare inpatient discharges including deaths and transfers by major hospital services for each of the applicable eligibility groups (AFDC, DYFS, SSI-ABD, NJ FamilyCare and combined) and specific service categories for the report period. For each premium group, the contractor shall enter the total number of inpatient days and discharges, average length of stay, days per thousand, discharge rate per thousand, total payments, as well as cost per discharge, cost per day and cost per member per month.

The requested statistics should be calculated as follows:

Average Length of Stay (LOS) – $(\text{Total number of inpatient days} / \text{Total number of discharges})$

Days per 1,000 – $(\text{Total number of inpatient days} / 1,000 \text{ enrollees})$

Discharges per 1,000 – $(\text{Total number of discharges} / \text{Total enrollee months})$

Total Payments – Total costs for each type of service.

Cost per Discharge – $(\text{Total costs} / \text{Total discharges})$

Cost per Day – $(\text{Total costs} / \text{Total number of days})$

Cost per Member per Month (PMPM) – $(\text{Total costs} / \text{Total enrollee months})$

Medical/Surgical Adult – Individuals 18 years and older, excluding Ob/Gyn services.

Medical/Surgical Pediatric – Range from 28 days old to less than 18 years old, excluding Ob/Gyn services.

Newborn – Well born from birth to 27 days of age inclusive.

Neonatal – Sick newborn from birth to 27 days of age inclusive.

Ob/Gyn – Ob/Gyn services for individuals from 28 days old and up. Includes both deliveries and undelivered days.

Mental Health/Substance Abuse – All services, including inpatient, physician and other professional services rendered during the inpatient stay associated with mental health or substance abuse treatment.

Emergency Room – Services provided as a result of an admission through the emergency room.

Other – Any other inpatient hospital service not included in the above hospital inpatient service categories.

Total – All services combined

Table 5B

In Table 5B the contractor shall report utilization data by service category, for the current period and year-to-date, and for each eligibility category (AFDC, DYFS, SSI-ABD and NJ FamilyCare and all combined). The required utilization statistics should be computed as follows:

Service Categories

Inpatient – Inpatient hospital units and costs of routine and ancillary services for enrollees while confined to an acute care, specialty, or rehab hospital, including out of area hospitalization.

Primary Care – Includes all units and costs associated with medical services provided in any setting by a primary care provider, including physicians and other practitioners.

Physician Specialty Services – All units and costs associated with medical services provided by a physician other than a primary care physician.

Outpatient Hospital – Includes units and costs associated with the facility component of the ambulatory surgery visit. The visit can be free standing or a hospital outpatient department. The professional component should be reported in the appropriate service category line item, e.g. physician specialty services.

Other Professional Services – Units and compensation related to non-physician providers engaged in the delivery of medical services and paid by the contractor.

Emergency Room – Includes units and costs associated with the facility component of the emergency room visits as well as out of area emergency room costs. Professional components that are billed separately should be reported in the appropriate service category line item.

DME/Medical Supplies – Includes the units and costs of durable medical equipment and supplies.

Prosthetics and Orthotics – Includes the units and costs of prosthetics and orthotics.

Dental – Units and expenses for all dental services provided.

Pharmacy – Units and expenses for legend and non-legend pharmacy services provided that includes both ingredient costs and dispensing fees.

HIV/AIDS Drugs – Units and expenses for reimbursable HIV/AIDS drugs.

Home Health Care – Units and expenses for home health services provided including nurses, aides, hospice costs and the cost of pharmaceuticals for IV therapies.

Transportation – Units and expenses for all ambulance, medical intensive care units (MICU) and invalid coach services.

Lab and X-rays – The units and costs of all laboratory and radiology (diagnostic and therapeutic) services for which the contractor is separately billed.

Vision Care including Eyeglasses – The units and costs of routine exams (by non-physicians) and dispensing glasses to correct eye defects. This category includes the cost of eyeglasses but excludes ophthalmologist and optometrist costs related to the treatment of disease or injury to the eye; the latter should be included in physician specialty or Other Professional Services.

Mental Health – All services, including inpatient, physician services, outpatient hospital, other professional services, and other services associated with mental health treatment.

Substance Abuse – All services, including inpatient, physician services, outpatient hospital, other professional services, and other services associated with substance abuse treatment.

Other Medical – Any other medical services provided that are not captured in the previous service categories.

Utilization Categories

Unduplicated Enrollees Served – Total unduplicated number of enrollees served for each service category.

Total Units of Service – Total number of applicable units for each service categories (e.g., days for inpatient hospital, visits for primary care, etc.).

Total Service Costs – Total costs for each service category.

Service Units per Days – (Total number of units/Total number of days).

Service Units per 1,000 – (Total number of units/1,000 enrollees).

Cost Per Member Per Month – (Total costs/Total enrollee months).

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 5A
INPATIENT HOSPITAL UTILIZATION ANALYSIS

Premium Group:
(Check)

AFDC	DYFS	SSI - ABD	NJ FamilyCare	ALL

Member Months:

0	0	0	0	0
---	---	---	---	---

TYPE OF SERVICE	TOTAL DAYS	TOTAL DISCH.	AVERAGE LOS	DAYS/ 1,000	DISCH./ 1,000	TOTAL PAYMENTS	COST/ DISCH	COST/ DAY	COST PMPM
Medical/Surgical	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Adult	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Pediatric	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Newborn	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Neonatal	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Ob/Gyn	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
MH/SA	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Emergency Room									
Other	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Total	0	0	0.0	0.0	0.0	\$0.00	\$0.00	\$0.00	\$0.00

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____**TABLE 5B**
UTILIZATION ANALYSIS

Premium Group (Check) AFDC DYFS SSI - ABD NJ FamilyCare ALL

Member Months 0 0 0 0 0

	CURRENT PERIOD						YEAR-TO-DATE					
SERVICE CATEGORY	UNDUPL. ENROLLEES SERVED	TOTAL UNITS OF SERVICE	TOTAL SERVICE COST	SERVICE UNITS/DYS	SERVICE UNITS/1,000	COST PMPM	UNDUPL. ENROLLEES SERVED	TOTAL UNITS OF SERVICE	TOTAL SERVICE COST	SERVICE UNITS/DAYS	SERVICE UNITS/1,000	COST PMPM
Inpatient Hospital	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Primary Care	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Physician Specialty Services	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Outpatient Hospital	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Other Professional Services	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
E.R.	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DME/Medical Supplies	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Prosthetics & Orthotics	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Dental	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Pharmacy	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HIV/AIDS Drugs												
Home Health Care	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Transportation	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Lab & X-rays	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Vision Care & eyeglasses	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Mental Health	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Substance Abuse	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
Other Medical	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00

Table 6 Statement of Revenues and Expenses

The contractor shall report revenues and expenses for all Medicaid premium groups on an accrual basis for each quarter of the calendar year (Table 6A). A cumulative year to date report is also required in the second, third, and fourth quarters of the calendar year (Table 6B).

Note: Shaded (darkened) blocks are not required to be completed.

1. Member months

REVENUE:

2. Capitated Premiums - Revenue recognized on a prepaid basis for enrollees for provision of a specified range of health services over a defined period of time, normally one month. If advance payments are made to the plan for more than one reporting period, the portion of the payment that has not been earned must be treated as a liability (Unearned Premiums).
3. Supplemental Premiums - Revenue paid to the plan in addition to capitated premiums for certain services provided. See a, b, and c below.
 - a. Maternity - (See Article 8)
 - b. HIV/AIDS Reimbursable Drugs - (See Article 8)
 - c. Other - Any other revenue paid by DMAHS to the plan in addition to capitation for covered services that is not a or b above.
4. Total Premiums - All Medicaid premiums paid to the plan reported on lines 2, 3a, 3b, and 3c.
5. Interest - Interest earned from all sources including escrow and reserve accounts.
6. C. O. B. - Income from Coordination of Benefits and Subrogation.
7. Reinsurance Recoveries - Income from the settlement of claims resulting from a policy with a private reinsurance carrier.
8. Other Revenue - Revenue from sources not covered in the previous revenue accounts.
9. Total Revenue- Total revenue (the sum of lines 2 through 8)

EXPENSES: Report total actual expenses on an accrual basis for each of the medical and hospital categories below in column d. Report the applicable amounts for each of the categories in columns a, b, and c as defined below.

Paid Claims (Column a) - Enter amounts of paid claims (claims for which checks have actually been mailed) during the quarter for services rendered during the quarter for each medical and hospital category.

Reported But Unpaid Claims (RBUCs) (Column b) - Enter the amount of all claims which are received during the quarter by the plan for which a check has not yet been issued for services during the quarter.

Incurred But Not Reported (IBNR) (Column c) - Enter estimated amounts of the obligation for claims which have not yet been received by the plan for services rendered during the quarter.

Actual PMPM (Column e) - Enter the actual cost per member per month for each line category. Divide the amount in column d by total member months on line 1 to arrive at the dollar and cents number (use two decimal places, e.g. \$14.25).

Medical and Hospital

10. Inpatient Hospital - Inpatient hospital costs including ancillary services for enrollees while confined to an acute care hospital, including out of area hospitalization.
11. Primary Care - Includes all costs associated with medical services provided in any setting by a primary care provider, including physicians and other practitioners.
12. Physician Specialty Services - All costs associated with medical services provided by a physician other than a primary care physician.
13. Outpatient Hospital - Includes the facility component of the outpatient visit. The visit can be free standing or a hospital outpatient department. The professional component should be billed separately and reported in the appropriate service category line item, e.g. physician specialty services.
14. Other Professional Services - Compensation paid by the contractor to non-physician providers engaged in the delivery of medical services.
15. Emergency Room - Includes the facility component of the emergency room visit as well as out of area emergency room costs. Professional components that are billed separately should be reported in the appropriate service category line item.
16. DME/Medical Supplies - Includes the cost of durable medical equipment and supplies.
17. Prosthetics and Orthotics - Includes the cost of Prosthetics and Orthotics.

18. Dental - Expenses for all dental services provided.
19. Pharmacy - Expenses for legend and non-legend pharmacy services provided that includes both ingredient costs and dispensing fees. Exclude expenses reported as HIV/AIDS Reimbursable Drugs on line 20.
20. HIV/AIDS Reimbursable Drugs - (See Article 8)
21. Home Health Care - Expenses for home health services provided including nurses, aides, hospice costs, private duty nursing, and the cost of pharmaceuticals for IV therapies.
22. Transportation - Expenses for all ambulance, medical intensive care units (MICUs), and invalid coach services.
23. Lab & X-Ray - The cost of all laboratory and radiology (diagnostic and therapeutic) services for which the contractor is separately billed.
24. Vision Care including Eyeglasses - The cost of routine exams (by non-physicians) and dispensing glasses to correct eye defects. This category includes the cost of eyeglasses but excludes ophthalmologist and optometrist costs related to the treatment of disease or injury to the eye; the latter should be included in physician specialty or Other Professional Services.
25. Mental Health/Substance Abuse – Include the cost of all mental health and substance abuse services including inpatient, physician services, outpatient hospital, other professional services, and other services associated with mental health or substance abuse treatment.
26. Reinsurance Expenses - Expenses for reinsurance or “stop-loss” insurance made to a contracted reinsurer.
27. Incentive Pool Adjustment - A reduction to medical expenses for adjusting the full medical expenses reported. For example, physician withholds retained by the contractor should be included here.
28. Other Medical – Medical Expenses not included in lines 10 through 27.
29. Total Medical and Hospital - The total of all medical and hospital expenses. (The sum of lines 10 through 28).

ADMINISTRATION: Costs associated with the overall management and operation of the plan including the following components:

30. Compensation - All expenses for administrative services including compensation and fringe benefits for personnel time devoted to or in direct support of administration. Include expenses for management contracts. Do not include marketing expenses here.

- 31. Interest expense - Interest on loans paid during the period.
- 32. Occupancy, Depreciation, and Amortization
- 33. Education and Outreach – Expenses incurred for education and outreach activities for enrollees.
- 34. Marketing - Expenses directly related to marketing activities including advertising, printing, marketing salaries and fringe benefits, commissions, broker fees, travel, occupancy, and other expenses allocated to the marketing activity.
- 35. Other - Costs which are not appropriately assigned to the health plan administration categories defined above.
- 36. Total Administration - The total of costs of administration (the sum of lines 30 through 35).
- 37. Total Expenses - The sum of Total Medical and Hospital Expenses (line 29) and Total Administration (line 36).
- 38. Operation Income (Loss) - Excess or deficiency of Total Revenue (line 9) minus Total Expenses (line 37).
- 39. Extraordinary Item - A non-recurring gain or loss.
- 40. Provision for Taxes - All income taxes for the period.
- 41. Adjustments for prior period IBNR estimates - Should include a reconciliation and explanation of prior period IBNR estimates. A contra-expense would be reported if IBNR estimates exceeded actual expenses.
- 42. Net Income (Loss) - Operation Income (Loss)(line 38) minus Lines 39, 40, and 41.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____
MEDICAID DATA ONLY

TABLE 6A
Quarter Only
STATEMENT OF REVENUES AND EXPENSES
Summary of All Eligibility Groups on Claims Incurred
During the Current Quarter

	(a)	(b)	(c)	(d)	(e)
	PAID CLAIMS	RBUCs	IBNR	ACTUAL TOTAL	ACTUAL
	for services received during this quarter			(cols a + b + c)	PMPM
1. Member Months					
REVENUE:					
2. Capitated Premiums					
3. Supplemental Premiums					
a. Maternity					
b. HIV/AIDS Reimbursable Drugs					
c. Other					
4. Total Premiums (Lines 2, 3a, 3b, 3c)					
5. Interest					
6. C.O.B.					
7. Reinsurance Recoveries					
8. Other Revenue					
9. TOTAL REVENUE					
EXPENSES:					
Medical & Hospital:					
10. Inpatient Hospital					
11. Primary Care					
12. Physician Specialty Services					
13. Outpatient Hospital					
14. Other Professional Services					
15. Emergency Room					
16. DME/Medical Supplies					
17. Prosthetics & Orthotics					
18. Dental					
19. Pharmacy					
20. HIV/AIDS Reimbursable Drugs					
21. Home Health Care					
22. Transportation					
23. Lab & X-ray					
24. Vision Care Inc. Eyeglasses					
25. Mental Health/Substance Abuse					
26. Reinsurance Expenses					
27. Incentive Pool Adjustment					
28. Other Medical					
29. TOTAL MEDICAL & HOSPITAL					
ADMINISTRATION:					
30. Compensation					
31. Interest Expense					
32. Occupancy, Deprec. & Amortiz.					
33. Education & Outreach					
34. Marketing					
35. Other					
36. TOTAL ADMINISTRATION					
37. TOTAL EXPENSES					
38. OPERATION INCOME (LOSS)					
39. Extraordinary Item					
40. Provisions for Taxes					
41. Adj. For prior period IBNR est.					
42. NET INCOME (LOSS)					

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____
MEDICAID DATA ONLY

TABLE 6B
STATEMENT OF REVENUES AND EXPENSES
 Summary of All Eligibility Groups on Claims Incurred
 Year to Date

	(a)	(b)	(c)	(d)	(e)
	PAID CLAIMS	RBUCs	IBNR	ACTUAL TOTAL	ACTUAL
	for services received year to date			(cols a + b + c)	PMPM
1. Member Months					
REVENUE:					
2. Capitated Premiums					
3. Supplemental Premiums					
a. Maternity					
b. HIV/AIDS Reimbursable Drugs					
c. Other					
4. Total Premiums (Lines 2, 3a, 3b, 3c)					
5. Interest					
6. C.O.B.					
7. Reinsurance Recoveries					
8. Other Revenue					
9. TOTAL REVENUE					
EXPENSES:					
Medical & Hospital:					
10. Inpatient Hospital					
11. Primary Care					
12. Physician Specialty Services					
13. Outpatient Hospital					
14. Other Professional Services					
15. Emergency Room					
16. DME/Medical Supplies					
17. Prosthetics & Orthotics					
18. Dental					
19. Pharmacy					
20. HIV/AIDS Reimbursable Drugs					
21. Home Health Care					
22. Transportation					
23. Lab & X-ray					
24. Vision Care Inc. Eyeglasses					
25. Mental Health/Substance Abuse					
26. Reinsurance Expenses					
27. Incentive Pool Adjustment					
28. Other Medical					
29. TOTAL MEDICAL & HOSPITAL					
ADMINISTRATION:					
30. Compensation					
31. Interest Expense					
32. Occupancy, Deprec. & Amortiz.					
33. Education & Outreach					
34. Marketing					
35. Other					
36. TOTAL ADMINISTRATION					
37. TOTAL EXPENSES					
38. OPERATION INCOME (LOSS)					
39. Extraordinary Item					
40. Provisions for Taxes					
41. Adj. For prior period IBNR est.					
42. NET INCOME (LOSS)					

Table 6c
ALLOWABLE DIRECT MEDICAL EXPENDITURES
For Purposes of Calculating Medical Cost Ratio
For the Quarter Ending

List the employee name or employee number of salaried individuals who have performed Allowable Direct Medical Expenditure functions during the quarter. Allowable Direct Medical Expenditures are the salary costs of performing functions related to the following categories: 1) assessment(s) of an enrollee's risk factors; 2) development of Individual Health Care Plans; 3) provision of face-to-face medical education or anticipatory guidance; and 4) activities required to maintain compliance with EPSDT, lead screening and pre-natal care. Reporting of direct medical expenditures shall reflect only those activities approved by the State in the Medical Cost Ratio – Direct Medical Expenditures Plan. **Other Care Management functions are considered administrative and are unallowable.**

Employee Name or Number	Employee Title	Salary this Quarter	Allowable Amount	Category (Care Management, Face-to-Face, Compliance with EPSDT, et.al.)	%
Totals* (attach additional sheets if necessary)					

I certify the expenses reported as allowable are the true and accurate salary costs of the individuals listed above and meet the definition of an Allowable Direct Medical Expenditure defined in Section 8.4.1.A of the managed care contract. Further, I certify these costs are included and have been reported as Administrative costs on Tables 6a and 6b on line 30 (Compensation).

(Signature) _____
Name and Title _____

A.7.9

Table 7 Stop-Loss Summary

The contractor shall identify reinsurance coverage in effect during the quarterly report period. For each of the designated eligibility categories, the contractor shall report the total number of enrollees that exceeded the stop-loss threshold and the total net expenditures exceeding the stop-loss threshold during the period.

Plan Name _____

STATE OF NEW JERSEY
 Quarter _____
 Ending _____
MEDICAID DATA ONLY

TABLE 7
STOP-LOSS SUMMARY

A. Coverage

Aggregate Stop-Loss Threshold	Maximum Per Enrollee Per Year	Maximum Aggregate Lifetime Per Enrollee	Includes Insolvency Insurance (Y/N)	Deductible	Cost of Premiums PMPM

POLICY EXPIRATION DATE: _____

B.

Category of Eligibility:	AFDC/TANF	DYFS	ABD	NJ FamilyCare	TOTAL
Number of Enrollees Exceeding Stop-Loss					
Net Expenditures Above Stop-Loss					

C. List Details for Each Individual (Name or ID Not Required)

	Net Expenditures Above Stop-Loss	Primary Diagnosis/Major Procedure
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Table 8 Medicaid Claims Analysis**Part A: Claims Incurred During Current Period (quarter).**

Total Expense (Column A): Enter the accrued amounts in each respective medical expense category in Column A. Amount reported as Line 6 - Total should agree with Table 6a, line 29 - Total Medical and Hospital Expenses. Column A amounts should equal the sum of Columns B, C, and D for each respective medical expense category.

Claims Paid (Column B): Enter the amount of all claims actually processed (checks mailed) related to services incurred during the quarter. Prior period claims processed during this quarter but related to services incurred during prior quarters must be reflected in Part B, Column B.

Claims Reported But Not Paid (Column C): Enter the amount of claims received by the contractor related to services incurred during the quarter but for which checks have not yet been issued. Do not include amounts for claims paid or IBNR amounts in this column.

Claims Incurred But Not Reported (Column D): Enter the amount estimated for services incurred during the quarter for which the contractor has not yet received a claim. Prior period IBNR must be reflected in Part B, Column C.

Part B: Unpaid Claims:

Reported Claims that are Unpaid:

On Claims Incurred During Prior Periods (Column A): Enter the amount of claims received by the contractor related to services incurred during all periods prior to this quarter for which checks have not yet been issued.

On Claims Incurred During Current Period (Column B): Enter the amount of claims received by the contractor related to services incurred during the quarter for which checks have not been issued. (Should be the same as Part A, Column C).

Incurred But Not Reported:

On Claims Incurred During Prior Periods (Column C): Enter the amount estimated for services incurred during all periods prior to this quarter for which the contractor has not yet received a claim.

On Claims Incurred During Current Period (Column D): Enter the amount estimated for services incurred during the quarter for which the contractor has not yet received a claim. (Should be the same as Part A, Column D).

Total Unpaid Claims (Column E): Enter the sum of Part B, Columns A, B, C, and D.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 8
MEDICAID CLAIMS ANALYSIS

A. Claims Incurred During Current Period

Category of Service Revenue & Expense Statement (Table 6A)	(A)	(B)	(C)	(D)
	Total Expense (B + C + D)	Claims Paid	Claims Reported But Not Paid	Claims Incurred But Not Reported (IBNR)
1. Inpatient....(line 10)				
2. Primary Care.... (line 11)				
3. Physician Specialty Services.... (line 12)				
4. Emergency Room.... (line 15)				
5. All other medical services (line 28)				
6. TOTAL.... (line 29)				

B. Claims Unpaid

Category of Service	(A)	(B)	(C)	(D)	(E)
	Reported Claims That Are Unpaid		Incurred But Not Reported		Total Unpaid Claims (A + B + C + D)
	On Claims Incurred During Prior Periods	On Claims Incurred During Current Period	On Claims Incurred During Prior Periods	On Claims Incurred During Current Period	
1. Inpatient					
2. Primary Care					
3. Physician Specialty Services					
4. Emergency Room					
5. All other medical services					
6. TOTAL					

Table 9 Health Care Data Elements

The contractor must report encounter data at least quarterly and no more frequently than monthly. The data shall be enrollee specific, listing all encounter data elements of the services provided. The data reporting medium shall be a tape or diskette in a configuration specified by DMAHS. Encounter report files will be used to create a data base which can be used in a manner similar to fee-for-service history files to analyze plan utilization, reimburse the contractor for supplemental payments (e.g., pregnancy outcome), and calculate capitation premiums. DMAHS will edit the data to assure consistency and readability. If data are not of an acceptable quality or submitted timely, the contractor will not be considered in compliance with this contract requirement until an acceptable file is submitted. All enrollee specific encounter data must be submitted in accordance with the EMC manual.

The encounter list indicates the “required” data elements for Inpatient and Ambulatory Care encounters. In addition, “Optional” data elements are also listed. These elements are optional in the sense that they can be used to custom fit the reporting to the needs of a particular program, enhance data validity checking, or allow more flexibility in the use of mandatory data elements.

TABLE 9A
HEALTH CARE DATA ELEMENTS

		Professional	Dental	Transportation	Vision	Description
	<u>COMMON DATA</u>					
1	HMO ID	X	X	X	X	HMO ID number assigned by Medicaid
2	Record ID	X	X	X	X	HMO number assigned to the record
3	Patient Medicaid ID	X	X	X	X	Recipient ID number assigned by Medicaid
4	Workers Comp/Accident Ind	X	X	X	X	Y/N indicator that service is subject to workers comp or is related to an accident
5	Payment Amount	X	X	X	X	Total amount paid by HMO
6	Patient DOB	O	O		O	Patient's date of birth
7	Date Claim Received	X	X	X	X	Date claim received by HMO – mm/dd/yy
8	Date of Payment	X	X	X	X	Date payment made by HMO – mm/dd/yy
9	Status Code	X	X	X	X	Status code – p=paid, d=denied
	DETAIL AREA					
10	Capitation Service Category	X	X	X	X	Classification of service according to list
11	Service Date From	X	X	X	X	Date service started – mm/dd/yy
12	Service Date To	X	X			Date service ended – mm/dd/yy
13	Procedure Code	X	X	X	X	HCPCS procedure code
14	Procedure Code Modifier 1	X				First modifier, if applicable
15	Procedure Code Modifier 2	X				Second modifier, if applicable
16	Place of Service	X	X		X	Place of service – 1=office, 2=inpatient hospital, 3=outpatient hospital/ER, 4=outpatient hospital/nonER, 5=home, 6=other
17	Diagnosis Codes (up to 5)	X	X		X	ICD-9CM diagnosis code, primary first
18	Units of Service	X	X	X	X	Units of service rendered
18	Servicing Provider Number	X	X	X	X	Provider SSN or tax ID
20	Referring Provider Number	X	X	X	X	Individual/group from who the patient was referred

Legend: X=Required
O=Optional

TABLE 9B
HEALTH CARE DATA ELEMENTS

		Inpatient	Outpatient	Home Health	Description
	COMMON DATA				
1	HMO ID	X	X	X	HMO ID number assigned by Medicaid
2	Record ID	X	X	X	HMO number assigned to the record
3	Patient Medicaid ID	X	X	X	Recipient ID number assigned by Medicaid
4	Workers Comp/Accident Ind	X	X	X	Y/N indicator that service is subject to workers comp or is related to an accident
5	Payment Amount	X	X	X	Total paid by HMO
6	Capitation Service Category	X			Classification of service according to list
7	Patient DOB	O	O		Patient's date of birth
8	Admit Date/Service From Date	X	X		Date admitted to hospital – mm/dd/yy
9	Discharge Date/Service Thru Date	X	X		Date discharged from hospital or date service ended – mm/dd/yy
10	DRG Code	X			DRG Code
11	Patient Status	X			Status of patient at end of stay – 1=discharged to home, 2=discharged to LTC facility, 3=death, 4=other
	Surgery Data (up to 3 times)				
12	Procedure Code	X	X		CPT/HCPCS Codes
13	Surgery Date	X	X		Date of surgery, if applicable
14	Admitting Diagnosis Code	X	X	X	ICD-9-CM diagnosis on admittance
15	Discharge Diagnosis Code (up to 5)	X			ICD-9-CM upon discharge, primary first
16	Attending Physician Code	X	X		Attending physician SSN or tax ID
17	Servicing Provider Number	X	X	X	Facility/agency rendering care tax ID
18	Referring Provider Number	X	X	X	Individual/group from whom the patient was referred – SSN or tax ID
19	Date Claim Received	X	X	X	Date claim received by HMO –mm/dd/yy
20	Date of Payment	X	X	X	Date payment made by HMO – mm/dd/yy
21	Status Code	X	X	X	Status code – p=paid, d=denied
	DETAIL AREA				
22	Capitation Service Category		X	X	Classification of service according to list
23	Service Date From			X	Date service started – mm/dd/yy
24	Service Date To				Date service ended – mm/dd/yy
25	Procedure Code		X		HCPCS procedure code
26	Procedure Code Modifier		X		Procedure modifier, if applicable
27	Units of Service	X	X	X	Units of service rendered
28	Revenue Code	X	X	X	Identifies the services rendered in these settings
29	Clinic Code		X		Identifies specialty clinic in the outpatient hospital setting

Legend: X=Required
O=Optional

TABLE 9C

HEALTH CARE DATA ELEMENTS

		Drug	Description
1	HMO ID	X	HMO ID number assigned by Medicaid
2	Record ID	X	HMO number assigned to the record
3	Patient Medicaid ID	X	Recipient ID number assigned by Medicaid
4	Workers Comp/Accident Ind	X	Y/N indicator that service is subject to workers comp or is related to an accident
5	Payment Amount	X	Total paid by HMO
6	Pharmacy Number	X	Pharmacy provider SSN or Tax ID
7	Prescribing Provider Number	X	Prescribing provider SSN or Tax ID
8	Recipient DOB	X	Date of birth of patient – mm/dd/yy
9	Date Dispensed	X	Date drug was dispensed – mm/dd/yy
10	NDC Number	X	NDC code of the substance dispensed
11	Metric Quantity	X	Quantity of the substance dispensed and the units of measure
12	Days Supply	X	Days supply of the drug dispensed
13	Refill Indicator	X	Number of available refills after this dispensing date
14	Capitation Service Category	X	Classification of service according to list
19	Date Claim Received	X	Date claim received by HMO –mm/dd/yy
20	Date of Payment	X	Date payment made by HMO – mm/dd/yy
21	Status Code	X	Status code – p=paid, d=denied

TABLE 9D

CAPITATION SERVICE CATEGORY LIST

01A	Primary Care: Physician, Nurse Practitioners, Physician Assistant
01B	Specialty Physician
02	EPSTD
03	Inpatient Hospital
04	Outpatient Hospital
05	Laboratory
06	Radiology
07	Prescription Drugs
08	Family Planning
09	Outpatient Therapies
10	Podiatrist Services
11	Chiropractic Services
12	Optometrist Services
13	Optical Appliances
14	Hearing Aids
15	Home Health Agency Services
16	Hospice Services
17	Durable Medical Equipment
18	Medical Supplies
19	Prosthetics and Orthotics
20	Dental Services
21	Transportation

Table 10 Third Party Liability Collections

The contractor shall report quarterly the categories of all third party liability collections to DMAHS and shall include a complete disclosure demonstrating its efforts to obtain payment from liable third parties and the amounts and nature of all third party payments recovered for Title XIX and NJ FamilyCare enrollees including but not limited to payments for services and conditions which are:

- covered through coordination of benefits;
- employment related injuries or illnesses;
- related to motor vehicle accidents, whether injured as pedestrians, drivers, passengers, or bicyclists; and
- contained in diagnosis Codes 800 through 999 (ICD9CM) with the exception of Code 994.6.

Plan Name _____

STATE OF NEW JERSEY
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TABLE 10
THIRD PARTY LIABILITY COLLECTIONS*

Eligibility Category	Casualty Insurance			Health Insurance
	Employment Related	Motor Vehicle Related	Other	
AFDC**				
DYFS				
SSI AGED W/ MEDICARE+				
SSI AGED W/O MEDICARE+				
SSI-DISABLED & BLIND W MEDICARE+				
SSI-DISABLED & BLIND W/O MEDICARE+				
NJ FAMILYCARE				
Total				

* Enter total amount collected for each eligibility category.

** Include New Jersey Care children and pregnant women.

+ Include essential spouses.

Table 11 Provider Additions And Deletions

The contractor shall report, on a quarterly and annual basis, all additions and deletions to the provider network as well as closed panels. Report closed panels under the deletions portion of the table and state under the “Reason for Change” column: “Closed Provider Panel.” Include the names and locations of all new providers and subcontractors; decreases in the provider network, identified by provider type, name and location; and all PCPs, PCDs, CNPs/CNSs, physician assistants, physician specialists, and other subcontractors who are not accepting new patients. The contractor shall not allow enrollment freezes for any provider unless the same limitations apply to all commercially insured members as well or contract capacity limits have been reached.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 11

PROVIDER ADDITIONS AND DELETIONS

a) Total Physicians at Start of Quarter	
b) Total Additions this Quarter	
c) Total Deletions this Quarter	
d) Total Physicians at End of Quarter	=a+b-c

Recruitment Rate	%	=(b/a)x100
Disenrollment Rate	%	=(c/a)x100
Growth Rate	%	=[(d/a)-1]x100

A. Listing of Changes in Non-Hospital Providers During Quarter

Name of Additions	Provider Type	Address & City	County	Reason for Change
Total Additions				
Name of Deletions				
Total Deletions				

B. Listing of Contracted Hospital Changes

Name of Additions		Address & City	Reason for Change
Total Additions			
Name of Deletions			
Total Deletions			

A.7.14

Table 12 Referrals Made to the WIC Program

The contractor shall report the number of referrals to the WIC program for pregnant women who are breast feeding, infants under one, and children under five years of age.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 12

**REFERRALS MADE TO THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC)**

Type of Referral	Number of Referrals
1. Pregnant Women	
2. Women Who Are Breast Feeding	
3. Infants Under Age One (1)	
4. Children Under Age Five (5)	
Total	

A.7.15

Table 13 Access to HIV Testing/Treatment for Pregnant Women

The contractor shall report access to HIV testing and AZT therapy every quarter with the following data elements.

1. Number of pregnant women
2. Number of pregnant women receiving HIV testing within the HMO
3. Number of pregnant women testing positive for HIV
4. Number of pregnant women treated with AZT
5. Number of births involving AZT treatment in utero (if this number is lower than #4, please explain)
6. Number of newborns receiving full AZT treatments

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 13

**Access to HIV Testing/Treatment
for Pregnant Women**

	Total
1. Number of Pregnant Women	
2. Number of Pregnant Women Tested for HIV Within the HMO	
3. Number of Pregnant Women Tested Positive for HIV	
4. Number of Pregnant Women Treated with AZT	
5. Number of Births Involving In Utero AZT Treatments*	
6. Number of Newborns Receiving Full AZT Treatments	

* Explain if less than number in line 4.

Table 14 1. EPSDT Services

The following EPSDT Services reports sorted by age group (0-11.99 months, 1-2 years, 3-5 years, 6-9 years, 10-14 years, 15-18 years, and 19-20 years) and separated by Medicaid and NJ Family Care Plan A and NJ Family Care Plans B, C, and D must be submitted quarterly:

- a. Number of Enrollees Receiving at least One Initial or Periodic Screening Service. This is an unduplicated count of individuals who received one or more documented initial or periodic screenings during the quarter.
 - b. Actual Number of Initial and Periodic Screening Services by Age. This includes combined number of initial and periodic EPSDT child health screening examinations during the quarter. Do not enter data for incomplete or inter-periodic screenings, or for vision, dental, or hearing services.
2. Referrals to Specialists
- a. Number of Referrals for Vision Assessments
 - b. Number of Referrals for Dental Assessments
 - c. Number of Referrals for Hearing Assessments
3. Appropriate Immunizations According to Age
- Number of Enrollees Receiving Immunizations Sorted by Age Group (0-11.99 months, 1-2 years, 3-5 years, 6-9 years, and 10+ years).
4. Lead Screenings and Treatments
- a. Total Number of Enrollees Screened for Lead Toxicity (all ages).
 - b. Number of Enrollees Screened sorted by age group (9-18 months, 19-26 months, and 27-72 months).
 - c. Number of newly identified Lead Positive Enrollees with Blood Lead Level Between 10-14 µg/dl (Low Toxicity).
 - d. Number of newly identified Lead Positive Enrollees with Blood Lead Level Between 15-19 µg/dl (Mild Toxicity).
 - e. Number of newly identified Lead Positive Enrollees with Blood Lead Level of 20 µg/dl and Over (Moderate, High, and Severe Toxicity).
 - f. Number of Enrollees Referred to Local Health Departments with Blood Lead Level of 10 µg/dl and Over.
 - g. Number of Enrollees Receiving Treatments
 - h. Number of Enrollees with Blood Lead Level of 10 µg/dl and Over placed in HMO Case Management Program.

**TABLE 14
EPSDT SERVICES**

1. EPSDT Services	Medicaid & NJ FamilyCare A	NJ FamilyCare B, C & D
a. Unduplicated count of children screened		
b. Number of screens by age: <1		
1-2		
3-5		
6-9		
10-14		
15-18		
19-20		
Total number of screens		

2. Referrals to Specialist	Medicaid & NJ FamilyCare A	NJ FamilyCare B, C & D
a. Vision referrals		
b. Dental referrals		
c. Hearing referrals		

3. Appropriate Immunizations According to Age	Medicaid & NJ FamilyCare A	NJ FamilyCare B, C & D
a. Number of enrollees receiving immunizations by age: <1		
1-2		
3-5		
6-9		
10+		
Total numbers of enrollees receiving immunizations		

4. Lead Screenings and Treatments (Only Report Newly Identified cases)	Medicaid & NJ FamilyCare A	NJ FamilyCare B, C & D
a. Total No. of enrollees screened (all ages)		
b. No. of enrollees screened by age: 9-18 months		
19-26 months		
27-72 months.		
c. No. of enrollees with low toxicity (BLL 10-14 µg/dl)		
Ages 9-18 months		
19-26 months		
27-72 months		
d. No. of enrollees with mild toxicity (BLL 15-19 µg/dl)		
Ages 9-18 months		
19-26 months		
27-72 months		
e. No. of enrollees with high toxicity (BLL ≥ 20 µg/dl)		
Ages 9-18 months		
19-26 months		
27-72 months		
f. No. of enrollees referred to LHDs (BLL ≥ 10 µg/dl)		
g. No. of enrollees being treated for lead poisoning		
h. No. of enrollees with BLL ≥ 10 µg/dl under HMO case management.		

NOTE: If a response is 0, provide explanation

A.7.17

Table 15 Pharmacy Lock-In Participants

The contractor, if a Pharmacy Lock-in program is implemented, shall report the status of participants each quarter, including total number of enrollees at start of quarter, number of new lock-in enrollees, number of enrollees released from lock-in during the quarter, and total number of lock-in enrollees at end of quarter. This report should be sorted by county.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____**TABLE 15****PHARMACY LOCK-IN PARTICIPANTS**

	Gender		AFDC	SSI - ABD	DYFS	NJ FamilyCare	Reason For Lock-In	County
	M	F						
# Lock-In Enrollees at Start of Quarter								
<10								
10-15								
16-20								
21-44								
45-54								
65+								
Total								
# New Lock-In Enrollees This Quarter								
<10								
10-15								
16-20								
21-44								
45-54								
65+								
Total								
# Released From Lock-In This Quarter								
<10								
10-15								
16-20								
21-44								
45-54								
65+								
Total								
Total Lock-Ins at End of Quarter								
<10								
10-15								
16-20								
21-44								
45-54								
65+								
Total								

A.7.18

Table 16 Ratio of Prior Authorizations Denied to Requested

The contractor shall report the number of prior authorizations requested and denied each quarter by category of service. If prior authorization is not required, indicate “NA” for not applicable.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 16

RATIO OF PRIOR AUTHORIZATIONS DENIED TO REQUESTED

Category of Service	Number of PAs Requested	Number of PAs Denied	% of PAs Denied
Inpatient Hospital			
Primary Care			
Physician Specialty Services			
Outpatient Hospital			
Other Professional Services			
Emergency Room			
DME/Medical Supplies			
Prosthetics & Orthotics			
Dental			
Pharmacy			
Formulary			
Off-formulary			
HIV/AIDS Reimbursable Drugs			
Home Health Care			
Transportation			
Lab & X-ray			
Vision Care & Eyeglasses			
Mental Health			
Substance Abuse			
Hospice			
Private Duty Nursing			
Other Medical			
Total			

A.7.19

Table 17 Number of Enrollees by Diagnosis

The contractor shall report the total number of enrollees with the primary diagnoses listed in the table. This report should be sorted by county.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

TABLE 17
NUMBER OF ENROLLEES BY DIAGNOSIS

Primary Diagnosis	AFDC <21		AFDC 21-64		AFDC 65+		SSI - ABD <21		SSI - ABD 21-64		SSI -ABD 65+		DYFS		NJ FamilyCare			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	County
HIV+																		
AIDS																		
Tuberculosis																		
Malignancies																		
Diabetes																		
COPD																		
Asthma																		
Dev. Disability																		
Depression																		
Total Diagnoses																		
Total Enrollees																		
List Top 5 in HMO																		

Table 18 Federally Qualified Health Center Payments

The contractor shall submit quarterly reports of total payments for each contracted FQHC.

Quarterly reports by month of service are required for each FQHC under contract with the HMO contractor. The reports must include data from all sites of each FQHC. These reports should be submitted on diskette in an Excel format.

The contractor must retain all supporting documentation as long as there is a contractual arrangement with the FQHC. If the contract with the FQHC is terminated, for any reason, the supporting documentation must be relinquished to the State within thirty days after the date of termination.

Instructions for Completing Table 18

A separate Table 18 must be completed for each FQHC.

Line 1: - Name of HMO

Enter the name of the Health Maintenance Organization.

Line 2: - Federally Qualified Health Center

Enter the name and provider number of the Federally Qualified Health Center (FQHC) to which payments were made. The contractor must identify each FQHC with a contractual relationship and the effective date and termination date of the contract, if applicable (Lines 2, 3, and 4 on Table 18).

Line 3 : - Effective Date of Contract

Enter the beginning and ending date of the current contract with the FQHC. The contractor must identify this information for each contracted FQHC.

Line 4: - Termination Date of Contract

If the contract with FQHC has been terminated, enter the termination date.

Line 5: -Payment Quarter

The contractor must identify the reporting quarter on Line 5. Payments by service date are to be reported based on calendar year quarters, i.e. March, June, September and December. Enter the first and last date of the quarter for which payments are being reported.

Line 6 – Type of Payments

All Medicaid and NJ FamilyCare managed care payments made for the quarter, including capitation, fee-for-service, referral fund, and any other managed care payments made to the FQHC, from the first day of the quarter to the end of the calendar year quarter, must be reported.

If there is a payment mixture such as fee-for-service and capitation, identify the amount of payment for each category.

On Table 18, the total payments made during each quarter should be reported in column 14. The payments must be segregated by month of service. The contractor must report these payments on Lines 6A through 6E. In columns 1-12, report a breakdown of the total payments by month the service being paid for was provided. Specify the month and year at the top of each column. There are 12 month-of-service columns. If payments were made for more than 12 months of service, add additional columns.

Payments by service date should be segregated by type. For example, all capitation payments are to be reported on line 6A, case management fees are to be reported on line 6B and fee-for-service payments are to be reported on line 6C.

Financial incentives to reduce unnecessary utilization of services or otherwise reduce patient costs that were paid to the FQHC should be reported on line 6D. Financial penalties, such as withholding a portion of the capitation payments, should be reported on line 6D as a negative amount. Financial incentives/penalties should be reported by service date. Please specify on line 6D the type of payment that is being reported.

Additional rows should be added to Table 18 for any other type of payments made to the FQHC. All payments must be segregated by service date. Please specify the type of payment that is being reported on each row.

Plan Name _____

STATE OF NEW JERSEY
Quarter Ending _____

**TABLE 18
FQHC PAYMENTS**

1. Name of HMO
2. Federally Qualified Health Center (name and HMO assigned provider number)
3. Effective Date of Contract
4. Termination Date of Contract, if applicable*
5. Payment Quarter

Name:						No.:					
From:						To:					
From:						To:					
MONTH OF SERVICE (SPECIFY)**											

6. Type of Payments
 - A. Capitation
 - B. Case Management Fees
 - C. Fee for Service
 - D. Other (Specify)***
 - E. Other Specify
 - F. Total payments
(Lines A through D)

*If contract is terminated within the effective dates of the contract indicated in #3, enter termination date.

** Add additional columns as necessary.

***Financial incentives to reduce unnecessary utilization of services or otherwise reduce patient costs that were paid to the FQHC should be reported on Line 6D. Financial penalties, such as withholding a portion of the capitation payments should be reported on line 6D as a negative amount. Financial incentives/penalties should be reported by service date. Specify on Line 6D the type of payment that is being reported. Add rows as necessary to report other type(s) of payments.

A.7.21

The following terms shall have the meaning stated for Tables 19 and 20, unless the context clearly indicates otherwise.

Acute Care – inpatient general routine care provided to patients who are in a phase of illness that does not require the concentrated and continuous observation and treatment provided in intensive care units.

Administrative Service(s) – the contractual obligations of the HMO that include but may not be limited to utilization management, credentialing providers, network management, quality improvement, marketing, enrollment, member services, claims payment, management information systems, financial management, and reporting.

AFDC or AFDC/TANF – Aid to Families with Dependent Children, established by 42 U.S.C. 601 et seq., and N.J.S.A. 44:10-1 et seq., as a joint federal/State cash assistance program administered by counties under State supervision. For cash assistance, it is now called “TANF.” For Medicaid, the former AFDC rules still apply.

Capitation – a contractual agreement through which a HMO agrees to provide specified health care services to enrollees for a fixed amount per month.

Capitation Payments – the amount prepaid monthly by DMAHS to the HMO in exchange for the delivery of covered services to enrollees based on a fixed Capitation Rate per enrollee, notwithstanding (a) the actual number of enrollees who receive services from the HMO, or (b) the amount of services provided to any enrollee.

Capitation Rate – the fixed monthly amount that the HMO is prepaid by the Department for each enrollee for which the HMO provides the services included in the Benefits Package described in their contract.

Days – calendar days unless otherwise specified.

Department – the Department of Human Services (DHS) in the executive branch of New Jersey State government. The Department of Human Services includes the Division of Medical Assistance and Health Services (DMAHS) and the terms are used interchangeably. The Department also includes Division of Youth and Family Services (DYFS), the Division of Family Development (DFD), the Division of Mental Health Services (DMHS), and the Division of Developmental Disabilities (DDD).

Developmental Disability – a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested

before the person attains age twenty-two (22); is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or of extended duration and are individually planned and coordinated. Developmental disability includes but is not limited to severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met.

Disability – a physical or mental impairment that substantially limits one or more of the major life activities for more than three months a year.

Division of Developmental Disabilities (DDD) – a Division within the New Jersey Department of Human Services that provides evaluation, functional and guardianship services to eligible persons. Services include residential services, family support, contracted day programs, work opportunities, social supervision, guardianship, and referral services.

Division or DMAHS – the New Jersey Division of Medical Assistance and Health Services within the Department of Human Services.

DME – durable medical equipment, including assistive technology, which: a) can withstand repeated use; b) is used to service a health or functional purpose; c) is ordered by a qualified practitioner to address an illness, injury or disability; and d) is appropriate for use in the home or work place/school.

DYFS – the Division of Youth and Family Services, within the New Jersey Department of Human Services, whose responsibility is to ensure the safety of children and to provide social services to children and their families. DYFS enrolls into Medicaid financially eligible children under its supervision who reside in DYFS-supported substitute living arrangements such as foster care and certain subsidized adoption placements.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – a Title XIX mandated program that covers screening and diagnostic services to determine physical and mental defects in enrollees under the age of 21, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered, pursuant to Federal Regulations found in Title XIX of the Social Security Act.

Emergency Medical Condition – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Emergency Services – covered inpatient and outpatient services furnished by any qualified provider that are necessary to evaluate or stabilize an emergency medical condition.

Enrollment – the process by which an individual eligible for Medicaid voluntarily or mandatorily applies to utilize the HMO’s plan in lieu of standard Medicaid benefits, and such application is approved by DMAHS.

EPSDT – see “**Early and Periodic Screening, Diagnosis and Treatment.**”

Fee-for-Service or FFS – a method for reimbursement based on payment for specific services rendered to an enrollee.

Health Care Professional – a physician or other health care professional if coverage for the professional’s services is provided under the HMO’s contract for the services. It includes podiatrists, optometrists, chiropractors, psychologists, dentists, physician assistants, physical or occupational therapists and therapy assistants, speech-language pathologists, audiologists, registered or licensed practical nurses (including nurse practitioners, clinical nurse specialists, certified registered nurses, registered nurse anesthetists, and certified nurse midwives), licensed certified social workers, registered respiratory therapists, and certified respiratory therapy technicians.

Health Care Services – are all preventive and therapeutic medical, dental, surgical, ancillary (medical and non-medical) and supplemental benefits provided to enrollees to diagnose, treat, and maintain the optimal well-being of enrollees provided by physicians, other health care professionals, institutional, and ancillary service providers.

Health Maintenance Organization (HMO) – any entity which contracts with providers and furnishes at least basic comprehensive health care services on a prepaid basis to enrollees in a designated geographic area pursuant to N.J.S.A. 26:2J-1 et seq., and with regard to this contract is either:

- A. A Federally Qualified HMO; or
- B. Meets the State Plan’s definition of an HMO which includes, at a minimum, the following requirements:
 - 1. It is organized primarily for the purpose of providing health care services;
 - 2. It makes the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as the services are to non-enrolled Medicaid eligible individuals within the area served by the HMO;
 - 3. It makes provision, satisfactory to the Division and Departments of Banking and Insurance and Health and Senior Services, against the risk of insolvency, and assures that Medicaid enrollees will not be liable for any of the HMO’s debts if it does become insolvent; and
 - 4. It has a Certificate of Authority granted by the State of New Jersey to operate in all or selected counties in New Jersey.

Home Health – health and supportive services provided in a member’s home.

Incurred-But-Not-Reported (IBNR) – estimate of unpaid claims liability, includes received but unpaid claims (RBUC).

Inpatient – a patient who is provided with room, board and general nursing service in a hospital setting and is expected to remain at least overnight and occupy a bed. All expenses for care of a member while the individual remains in a hospital and occupies a bed there.

Managed Care – a comprehensive approach to the provision of health care which combines clinical preventive, restorative, and emergency services and administrative procedures within an integrated, coordinated system to provide timely access to primary care and other medically necessary health care services in a cost effective manner.

Marketing – any activity by the HMO, its employees or agents, or on behalf of the HMO by any person, firm or corporation by which information about the HMO's plan is made known to Medicaid or NJ KidCare Eligible Persons for enrollment purposes.

Maternity Outcome – still births or live births that occur during the second or third trimester (after the twelfth week of gestation), excluding elective abortions.

Medicaid – the joint federal/State program of medical assistance established by Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., which in New Jersey is administered by DMAHS in DHS pursuant to N.J.S.A. 30:4D-1 et seq.

Medicare – the program authorized by Title XVIII of the Social Security Act to provide payment for health services to federally defined populations.

Member – an enrolled participant in the HMO's plan; also means enrollee.

Newborn – an infant born to a mother enrolled in a HMO at the time of birth.

Outpatient – a patient who is not confined overnight in a health care institution.

Payments – any amounts the HMO pays physicians or physician groups or subcontractors for services they furnished directly, plus amounts paid for administration and amounts paid (in whole or in part) based on use and costs of referral services (such as withhold amounts, bonuses based on referral levels, and any other compensation to the physician or physician groups or subcontractor to influence the use of referral services). Bonuses and other compensation that are not based on referral levels (such as bonuses based solely on quality of care furnished, patient satisfaction, and participation on committees) are not considered payments for purposes of the requirements pertaining to physician incentive plans.

PMPD – Per Member Per Delivery.

PMPM – Per Member Per Month.

Preventive Services – services provided by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law to:

- A. Prevent disease, disability, and other health conditions or their progression;
- B. Treat potential secondary conditions before they happen or at an early remediable stage;
- C. Prolong life; and
- D. Promote physical and mental health and efficiency.

Primary Care Provider (PCP) – a licensed medical doctor (MD) or doctor of osteopathy (DO) or certain other licensed medical practitioner who, within the scope of practice and in accordance with State certification/licensure requirements, standards, and practices, is responsible for providing all required primary care services to enrollees, including periodic examinations, preventive health care and counseling, immunizations, diagnosis and treatment of illness or injury, coordination of overall medical care, record maintenance, and initiation of referrals to specialty providers and for maintaining continuity of patient care. A PCP shall include general/family practitioners, pediatricians, internists, and may include specialist physicians, physician assistants, certified nurse midwives, or certified nurse practitioner/clinical nurse specialists, provided that the practitioner is able and willing to carry out all PCP responsibilities in accordance with these contract provisions and licensure requirements. See also Article 4.

Prior Authorization (also known as “pre-authorization” or “approval”) – authorization granted in advance of the rendering of a service after appropriate medical/dental review.

Provider – any physician, hospital, facility, or other health care professional who is licensed or otherwise authorized to provide health care services in the state or jurisdiction in which they are furnished.

Radiology Services – services which incorporate the use of ionizing radiation and other forms of energy for the prevention, treatment and diagnosis of disease (ionizing radiation, high frequency sound waves and magnetic fields).

Referral Services – those health care services provided by a health professional other than the primary care practitioner and which are ordered and approved by the primary care practitioner or the HMO.

Reinsurance – payment methodology whereby the HMO is partially reimbursed for excessive costs over and above certain deductible limits.

Risk Pool – an account(s) funded with revenue from which medical claims of risk pool members are paid. If the claims paid exceed the revenues funded to the account, the participating providers must fund part or all of the shortfall. If the funding exceeds paid claims, part or all of the excess is distributed to the participating providers.

Services – specific to services provided for the purpose of facilitating access to health care.

SSI – the Supplemental Security Income program, which provides cash assistance and full Medicaid benefits for individuals who meet the definition of aged, blind, or disabled, and who meet the SSI financial needs criteria.

State – the State of New Jersey.

Stop-Loss – the dollar amount threshold above which the HMO insures the financial coverage for the cost of care for an enrollee through the use of an insurance underwritten policy.

Subcapitation – a fixed premium paid by an HMO to a provider of health care services with whom the HMO has contracts. This would include salaried compensation arrangements.

Subcontract – any written contract between the HMO and a third party to perform a specified part of the HMO's obligations under this contract.

Subcontractor – any third party who has a written contract with the HMO to perform a specified part of the HMO's obligations under this contract.

TANF – Temporary Assistance for Needy Families, which replaced the federal AFDC program.

Third Party – any person, institution, corporation, insurance company, public, private or governmental entity who is or may be liable in contract, tort, or otherwise by law or equity to pay all or part of the medical cost of injury, disease or disability of an applicant for or recipient of medical assistance payable under the New Jersey Medical Assistance and Health Services Act N.J.S.A. 30:4D-1 et seq.

Third Party Liability (TPL) – the liability of any individual or entity, including public or private insurance plans or programs, with a legal or contractual responsibility to provide or pay for medical/dental services. Third Party is defined in N.J.S.A. 30:4D-3m.

Utilization – the rate patterns of service usage or types of service occurring within a specified time.

Utilization Review – procedures used to monitor or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of health care services, procedures or settings, and includes ambulatory review, prospective review, concurrent review, second opinions, care management, discharge planning, or retrospective review.

Visits – scheduled or unscheduled encounters with licensed health care providers for medical evaluation or treatment regardless of duration.

Withhold – a percentage of payments or set dollar amounts that an HMO deducts from a practitioner's service fee, capitation, or salary payment, and that may or may not be returned to the physician, depending on specific predetermined factors.

A.7.21 Tables 19A through T

Table 19A – Income Statement by Rate Cell Grouping

AFDC/NJCPW/NJ FamilyCare A (Excluding AIDS) – NORTHERN REGION

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19B – Income Statement by Rate Cell Grouping

AFDC/NJCPW/NJ FamilyCare A (Excluding AIDS) – CENTRAL REGION

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19C – Income Statement by Rate Cell Grouping

AFDC/NJCPW/NJ FamilyCare A (Excluding AIDS) – SOUTHERN REGION

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19D – Income Statement by Rate Cell Grouping

DYFS (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				

Table 19E – Income Statement by Rate Cell Grouping

ABD with Medicare–DDD (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				

Table 19F – Income Statement by Rate Cell Grouping

ABD with Medicare–Non-DDD (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19G – Income Statement by Rate Cell Grouping

Non-ABD – DDD (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19H – Income Statement by Rate Cell Grouping

ABD without Medicare – DDD (Including AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19I – Income Statement by Rate Cell Grouping

ABD without Medicare – Non-DDD (Including AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19J – Income Statement by Rate Cell Grouping

NJ FamilyCare B&C (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19K – Income Statement by Rate Cell Grouping

NJ FamilyCare D (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19L – Income Statement by Rate Cell Grouping

NJ FamilyCare Adults 0-50% FPL (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
MEMBER MONTHS					
REVENUES:					
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19M – Income Statement by Rate Cell Grouping

NJ FamilyCare Parents 0-133% FPL (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19N – Income Statement by Rate Cell Grouping

NJ FamilyCare Adults 51-100% FPL (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 190 – Income Statement by Rate Cell Grouping

NJ FamilyCare Parents 134-200% FPL (Excluding AIDS) – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19P – Income Statement by Rate Cell Grouping

ABD with Medicare – AIDS – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19Q – Income Statement by Rate Cell Grouping

Non-ABD – AIDS – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity				
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19R – Income Statement by Rate Cell Grouping

Maternity – STATEWIDE

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

Revenues / Expenses		Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
DELIVERIES					
REVENUES:					
1	Capitated Premiums				
2	Supplemental Premiums				
2a	Maternity	\$ -	\$ -	\$ -	\$ -
2b	HIV/AIDS Reimbursable Drugs				
2c	EPSDT Incentive Payment				
2d	Other				
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)				
4	Interest				
5	COB				
6	Reinsurance Recoveries				
7	Other Revenue				
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
EXPENSES:					
MEDICAL AND HOSPITAL					
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
ADMINISTRATION					
29	Compensation				
30	Interest Expense				
31	Occupancy, Depreciation & Amortization				
32	Education & Outreach				
33	Marketing				
34	Other				
35	TOTAL ADMINISTRATION (29 through 34)				
36	TOTAL EXPENSES (28+35)				
37	OPERATION INCOME (LOSS) (8-36)				
38	Extraordinary Item				
39	Provisions for Taxes				
40	Adjustment for prior period IBNR estimates				
41	NET INCOME (LOSS) (37-38-39-40)				

Table 19S – Income Statement by Rate Cell Grouping

All Rate Cell Groupings – STATEWIDE

FOR THE SIX MONTHS ENDING _____

FOR _____

(HMO Name)

	Revenues / Expenses	Six-month \$	Six-month PMPM	YTD \$	YTD PMPM
	MEMBER MONTHS				
	REVENUES:				
1	Capitated Premiums	\$ -	\$ -	\$ -	\$ -
2	Supplemental Premiums	\$ -	\$ -	\$ -	\$ -
2a	Maternity	\$ -	\$ -	\$ -	\$ -
2b	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
2c	EPSDT Incentive Payment	\$ -	\$ -	\$ -	\$ -
2d	Other	\$ -	\$ -	\$ -	\$ -
3	Total Premiums (Lines 1+ 2a+2b+2c+2d)	\$ -	\$ -	\$ -	\$ -
4	Interest	\$ -	\$ -	\$ -	\$ -
5	COB	\$ -	\$ -	\$ -	\$ -
6	Reinsurance Recoveries	\$ -	\$ -	\$ -	\$ -
7	Other Revenue	\$ -	\$ -	\$ -	\$ -
8	TOTAL REVENUE (3+4+5+6+7)	\$ -	\$ -	\$ -	\$ -
	EXPENSES:				
	MEDICAL AND HOSPITAL				
9	Inpatient Hospital	\$ -	\$ -	\$ -	\$ -
10	Primary Care	\$ -	\$ -	\$ -	\$ -
11	Physician Specialty Services	\$ -	\$ -	\$ -	\$ -
12	Outpatient Hospital	\$ -	\$ -	\$ -	\$ -
13	Other Professional Services	\$ -	\$ -	\$ -	\$ -
14	Emergency Room	\$ -	\$ -	\$ -	\$ -
15	DME/Medical Supplies	\$ -	\$ -	\$ -	\$ -
16	Prosthetics & Orthotics	\$ -	\$ -	\$ -	\$ -
17	Dental	\$ -	\$ -	\$ -	\$ -
18	Pharmacy	\$ -	\$ -	\$ -	\$ -
19	HIV/AIDS Reimbursable Drugs	\$ -	\$ -	\$ -	\$ -
20	Home Health Care	\$ -	\$ -	\$ -	\$ -
21	Transportation	\$ -	\$ -	\$ -	\$ -
22	Lab & X-ray	\$ -	\$ -	\$ -	\$ -
23	Vision Care including Eyeglasses	\$ -	\$ -	\$ -	\$ -
24	Mental Health/Substance Abuse	\$ -	\$ -	\$ -	\$ -
25	Reinsurance Expenses	\$ -	\$ -	\$ -	\$ -
26	Incentive Pool Adjustment	\$ -	\$ -	\$ -	\$ -
27	Other Medical	\$ -	\$ -	\$ -	\$ -
28	TOTAL MEDICAL & HOSPITAL (9 through 27)	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION				
29	Compensation	\$ -	\$ -	\$ -	\$ -
30	Interest Expense	\$ -	\$ -	\$ -	\$ -
31	Occupancy, Depreciation & Amortization	\$ -	\$ -	\$ -	\$ -
32	Education & Outreach	\$ -	\$ -	\$ -	\$ -
33	Marketing	\$ -	\$ -	\$ -	\$ -
34	Other	\$ -	\$ -	\$ -	\$ -
35	TOTAL ADMINISTRATION (29 through 34)	\$ -	\$ -	\$ -	\$ -
36	TOTAL EXPENSES (28+35)	\$ -	\$ -	\$ -	\$ -
37	OPERATION INCOME (LOSS) (8-36)	\$ -	\$ -	\$ -	\$ -
38	Extraordinary Item	\$ -	\$ -	\$ -	\$ -
39	Provisions for Taxes	\$ -	\$ -	\$ -	\$ -
40	Adjustment for prior period IBNR estimates	\$ -	\$ -	\$ -	\$ -
41	NET INCOME (LOSS) (37-38-39-40)	\$ -	\$ -	\$ -	\$ -

Table 19T - Maternity Outcome Counts

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

	Current Period			Year to Date		
	Live Births		Non-live Births	Live Births		Non-live Births
	C-Section	Vaginal		C-Section	Vaginal	
NORTHERN REGION AFDC/NJCPW/NJ FamilyCare A						
CENTRAL REGION AFDC/NJCPW/NJ FamilyCare A						
SOUTHERN REGION AFDC/NJCPW/NJ FamilyCare A						
STATEWIDE NJ FamilyCare Parents 134-200% FPL						
STATEWIDE All Other						
TOTAL						

Note: Only outcomes after the twelfth week of gestation should be included in this report, excluding elective abortions.


A.7.21 Tables 20A through D


Table 20A - Lag Report for Inpatient Hospital Payments

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(39)	(40)
		... Month in Which Service Provided ...											
Line	Month of Payment	Current Month	1st Prior Month	2nd Prior Month	3rd Prior Month	4th Prior Month	5th Prior Month	6th Prior Month	7th Prior Month	8th Prior Month	9th Prior Month	Months Before 35th Prior Month	Total Paid by Month
1	Current Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior Month		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior Month			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior Month				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior Month					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior Month						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior Month							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior Month								\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior Month									\$ -	\$ -	\$ -	\$ -
10	9th Prior Month										\$ -	\$ -	\$ -
37	Months Before 35th Prior Month											\$ -	\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Pharmacy Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Payments and Settlements (38+39+41)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Liability (Incurred but not Received Claims)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	Total Incurred Claims (42+43)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims above.

 Cells with this lighter shading are amounts first reported this six-month period, amounts restated this six-month period, or totals which depend (in whole or in part) on such amounts.

 Cells with this darker shading are amounts initially reported in a prior six-month period that appear again, but in a different location on the spreadsheet.


 Cells with this shading are not to be filled out.


Table 20B - Lag Report for Physician Payments

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(39)	(40)
		... Month in Which Service Provided ...											
Line	Month of Payment	Current Month	1st Prior Month	2nd Prior Month	3rd Prior Month	4th Prior Month	5th Prior Month	6th Prior Month	7th Prior Month	8th Prior Month	9th Prior Month	Months Before 35th Prior Month	Total Paid by Month
1	Current Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior Month		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior Month			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior Month				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior Month					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior Month						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior Month							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior Month								\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior Month									\$ -	\$ -	\$ -	\$ -
10	9th Prior Month										\$ -	\$ -	\$ -
37	Months Before 35th Prior Month											\$ -	\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Pharmacy Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Payments and Settlements (38+39+41)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Liability (Incurred but not Received Claims)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	Total Incurred Claims (42+43)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims above.

 Cells with this lighter shading are amounts first reported this six-month period, amounts restated this six-month period, or totals which depend (in whole or in part) on such amounts.

 Cells with this darker shading are amounts initially reported in a prior six-month period that appear again, but in a different location on the spreadsheet.

 Cells with this shading are not to be filled out.

Table 20C - Lag Report for Pharmacy Payments

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(39)	(40)
		... Month in Which Service Provided ...											
Line	Month of Payment	Current Month	1st Prior Month	2nd Prior Month	3rd Prior Month	4th Prior Month	5th Prior Month	6th Prior Month	7th Prior Month	8th Prior Month	9th Prior Month	Months Before 35th Prior Month	Total Paid by Month
1	Current Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior Month		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior Month			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior Month				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior Month					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior Month						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior Month							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior Month								\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior Month									\$ -	\$ -	\$ -	\$ -
10	9th Prior Month										\$ -	\$ -	\$ -
37	Months Before 35th Prior Month											\$ -	\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Pharmacy Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Payments, Rebates and Settlements (38+39+40+41)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Liability (Incurred but not Received Claims)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	Total Incurred Claims (42+43)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims above.

\$ - Cells with this lighter shading are amounts first reported this six-month period, amounts restated this six-month period, or totals which depend (in whole or in part) on such amounts.


\$ - Cells with this darker shading are amounts initially reported in a prior six-month period that appear again, but in a different location on the spreadsheet.


Table 20D - Lag Report for Other Medical Payments

FOR THE SIX MONTHS ENDING _____ FOR _____
(HMO Name)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(39)	(40)
		... Month in Which Service Provided ...											
Line	Month of Payment	Current Month	1st Prior Month	2nd Prior Month	3rd Prior Month	4th Prior Month	5th Prior Month	6th Prior Month	7th Prior Month	8th Prior Month	9th Prior Month	Months Before 35th Prior Month	Total Paid by Month
1	Current Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior Month		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior Month			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior Month				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior Month					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior Month						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior Month							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior Month								\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior Month									\$ -	\$ -	\$ -	\$ -
10	9th Prior Month										\$ -	\$ -	\$ -
37	Months Before 35th Prior Month											\$ -	\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Pharmacy Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Payments and Settlements (38+39+41)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Liability (Incurred but not Received Claims)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	Total Incurred Claims (42+43)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims above.

 Cells with this lighter shading are amounts first reported this six-month period, amounts restated this six-month period, or totals which depend (in whole or in part) on such amounts.

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A.8.0 FINANCIAL PROVISIONS

A.8.1 Other Coverage Information

A.8.2 Tort/Accident Referral Form

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

TORT – ACCIDENT REFERRAL FORM
Please use other side if necessary

HMO_____ HMO#_____ PHONE_____

PART A: IDENTIFICATION

CLIENT'S NAME_____ HSP#_____

DATE OF ACCIDENT/INCIDENT _____

NATURE OF INJURY _____

TYPE OF ACCIDENT _____
(auto – fall – med. malpractice, etc.)

ATTORNEY FOR CLIENT _____
(NAME-ADDRESS-PHONE) _____

Please attach any copies of pleadings or any other documents in your possession including subpoenas or request for medical information from an attorney, insurance company or client.

PART B: SERVICES

<u>SERVICE DATE(S)</u>	<u>PROVIDER NAME</u>	<u>DIAGNOSIS CODE & DESCRIP</u>	<u>PROCEDURE CODE & DESCRIP</u>	<u>PROVIDER CHARGES</u>	<u>HMO PAYMENT</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME OF PERSON COMPLETING FORM - DATE

SECTION B

REFERENCE MATERIALS

This section contains all reference materials affiliated with the contract. They are presented according to the Article to which they correspond, beginning with Article 2.

B.2.0 CONDITIONS PRECEDENT

B.2.1 ABD Phase-In -- RESERVED

B.2.2 Pre-Contracting Checklist

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Article 3: MANAGED CARE MANAGED INFORMATION SYSTEM					
N/A	N/A	Identify the system(s) that the contractor will use to meet the requirements in the contract. Provide the name of the system, a description of the functions that it supports, major inputs and outputs, origin of system (in-house, custom developed by vendor)			
N/A	N/A	Provide flowcharts showing the major system(s) components and interfaces.			
3.1.1	N/A	Identify the major system files and describe how each will be available for on-line access.			
3.1.1	N/A	Provide sample screens and describe the data available on the screen and the search arguments for enrollee, provider and claims inquiry.			
3.1.2	N/A	Provide the processing schedule and indicate how the contractor will meet DMAHS performance requirements. (A)			
3.1.2	N/A	Describe how errors are tracked and monitored throughout the system. Indicate how audit trails are maintained and which transactions and updates are tracked. (B)			
3.1.2	N/A	Provide a list of all the system edits. Identify any new edits that will be required to support this contract. (C)			
3.1.2	N/A	Describe the automated and manual controls for balancing and ensuring that all transactions and master file records are accounted for and that all processes have been executed properly. (D)			
3.1.2	N/A	Indicate the input media formats currently supported by the system for claims, encounters, PA, referrals, and UM. Describe how additional formats will be supported for this contract. (E)			
3.1.2	N/A	Describe the backup and recovery procedures. (F)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
3.1.3	N/A	Describe how the contract requirements will be met in terms of regular reporting and ad hoc reporting. (A and B)			
3.1.3	Section A	Provide a sample of each report the contractor plans to use to meet the reporting requirement outlined in Articles 3.1.3A and 3.1.3B. (A and B)			
3.1.3	N/A	Describe any modification required. If the contractor must develop a new report to meet the requirements, describe what will be done.			
3.1.3	N/A	Provider contractor's system documentation. (C)			
3.1.4	N/A	Provide evidence that the systems is year 2000 compliant. (B)			
3.2.1	N/A	Provide a cross-walk of the enrollment/eligibility data elements that the State provides to the contractor's enrollee file. Describe how fields that don't directly map will be handled. (A) Describe how each of the following will be supported (B to D):			
	N/A	~Identification of each enrollee by the Medicaid Identification Number and cross-reference to the MCO's enrollee number and the enrollee's social security number			
	N/A	~Linkage of family members for mailings and other communication based on the first ten-digits of the Medicaid ID number			
	N/A	~Identification of newborns from date of birth and link newborn record to eligibility and enrollment data when they are received from the State			
	B.3.2	~Maintenance of all data elements provided by the Department on the weekly update files.			
	N/A	~Day-specific enrollment			
3.2.2	N/A	Describe how each of the following requirements will be met:			
	N/A	~New enrollee notification			
	N/A	~Issuance of ID cards			
	N/A	~PCP selection			
	N/A	~Notification to State of enrollee demographic changes			
	N/A	~Enrollee correspondence generation capabilities			
3.2.3	N/A	Describe how the contractor will meet the electronic verification system and telephone enrollment inquiry requirements. (A and B)			

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3.2.4	N/A	Describe the contractor's enrollee complaint and grievance tracking system and indicate how it meets the requirements defined in Article 3.2.4. (A and B) (See also Article 5.15)			
3.3.1	N/A	Identify any data elements listed in Article 3.3.1A that are not currently maintained in the contractor's system and describe how the contractor intends to meet these requirements. (A to C)			
3.3.2	N/A	How will the contractor's system support credentialing, recredentialing and flagging to review providers? (A and B)			
3.3.3	N/A	Describe how the contractor's system generates provider rosters and supports the provider network requirements described in Article 4.8. Provide a sample provider roster. (A and B)			
3.3.4	N/A	Describe how the contractor's system will be able to satisfy the provider monitoring requirements of Article 3.3.4.			
3.4.1	N/A	Describe how the contractor's system meets the general claims/encounter processing requirements in terms of input processing, edits and audits, benefit and reference files, and claims/encounter history files. What procedure and diagnosis coding schemes are supported by the system? Describe the nature of the updates that will be required to the benefit and reference files to implement this program. (A to D)			
3.4.2	N/A	Describe how the contractor's system meets requirements linked to coordination of benefits such as other coverage information, cost avoidance information and edits, postpayment recoupments information, personal injury cases referral, Medicare benefits coordination, and general reporting and tracking. (A to F)			
3.4.3	N/A	Provide samples of the following reports:			
	N/A	~Claims processing statistics			
	N/A	~Inventory and claims aging statistics			
	N/A	~Error reports			
	N/A	~Contested claims and encounters reports			
	N/A	~Aged claims and encounters reports			
	N/A	~Checks and EOB(s)			
	N/A	~Lag factors and IBNR reports (A)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
3.5.1	N/A	Describe how the contractor's system meets the functions and capabilities requirements for prior authorization, referral, utilization management, and fraud and abuse, including the following: (A to D)			
	N/A	~Access to predefined treatment criteria			
	N/A	~Direct provider entry of referral information			
	N/A	~Automated generation of notices and correspondence			
	N/A	~Case tracking			
3.6.1	N/A	Describe how the financial system interfaces with the claims and encounter system specifically with regard to updating claim records to reflect voids, refunds, and recoveries. Describe how the capitation payment history is updated when capitation payments are voided or refunded. Describe how the system provides for liens and withholds to providers, for reissuing lost or stolen checks, and for automatic recoupment of an adjusted claim that results in a negative payment. (B)			
3.7.1	N/A	Provide samples of reports used to detect deviations in treatment patterns, enrollee care, and billing, and over- and under-utilization. Describe performance measurement functions. Identify which HEDIS measures are currently collected and for which popu			
3.8.1	N/A	Provide a description of the general reporting capabilities of the system. Provide examples of key reports that are used by the contractor to perform each of the following:			
	N/A	~Review financial viability of program			
	N/A	~Evaluate appropriateness of care			
	N/A	~Identify provider practice problems			
	N/A	~Identify processing problems			
	N/A	~Measure overall performance			
	N/A	~Identify trends in utilization, billing, payment			
	N/A	~Produce regular management reports (A to C)			
3.8.1	N/A	Describe how data will be received and transmitted to and from the State's data centers. (D)			

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Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
3.8.2	N/A	Describe the query tool(s) used to support ongoing and ad hoc reporting requests. What data/files can be accessed using the tool? Does the tool provide duplicated and unduplicated enrollee counts? Can the tool be used to extract data for analysis?			
3.8.3	N/A	Describe the contractor's reporting tools and how they meet the requirements in Article 3.8.3.			
3.9	N/A	Do you currently submit encounters? If so, identify to whom you submit them. How many encounters did you submit in the last year? What percent failed edits the first submittal and were returned for correction? What is the average number of encounters per enrollee per month for inpatient hospital, outpatient hospital, physician, pharmacy, and all other services that were submitted?			
3.9.1	N/A	Provide a cross-walk between the State's required encounter reporting data elements and the contractor's claims history file data elements. Describe how elements that do not directly map will be handled. Describe how any missing elements will be incorporated into the contractor's system. Identify the processing steps that will be required to report all the claims and encounters for the eight claim types (Inpatient, Outpatient, Professional, Home Health, Transportation, Vision, Dental, and Pharmacy) and the capitation payments and note if any of the claim types are processed by a subcontractor. (A to C)			
3.9.2	B.3.3	Provide evidence that contractor has a Submitter Identification Number or submit application for such a number. (A)			
3.9.2	B.3.3	Pass testing phase for each of the claim types. (B)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Article 4: PROVISION OF HEALTH CARE SERVICES					
Provision of Health Care Services					
<i>Covered Services and Linkages</i>					
4.1.1	N/A	Describe the contractor's policies and procedures regarding out-of-area and out-of-network care, including how enrollees and providers are informed of the policy. (D, G, and M and Article 4.8.7G)			
4.1.1	N/A	Describe how the contractor will outreach enrollees with existing plans of care, including timeframes. (E)			
4.1.1	N/A	Describe the contractor's policies and procedures on self-referral. (H)			
4.1.1	N/A	Describe the contractor's policies and procedures on genetic testing and counseling. (I)			
4.1.1	N/A	Describe the contractor's second opinion program. (J)			
4.1.1	N/A	Describe contractor's policies and procedures for authorizing and performing procedures that might be considered medical or dental. (O)			
4.1.3	N/A	How will the contractor help enrollees access services listed in 4.1.3? (A and B)			
4.1.7	N/A	Which services, activities or products not covered by the State Plan will the contractor propose to provide (i.e., supplemental benefits)?			
4.2.1	N/A	How will the contractor inform enrollees about access to emergency services, including services provided by non-participating providers? (C and D)			
4.2.1	N/A	Describe contractor's plans for utilizing a common list of symptom-based presenting complaints. Identify the symptoms list. (I)			
4.2.1	N/A	Describe the contractor's policies and procedures for emergency dental services for enrollees, both inside and outside the contractor's service area. (L)			
4.2.2	N/A	Describe how enrollees will access family planning services and supplies. In particular, how will the contractor coordinate services with non-participating providers? (A and B)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.2.3	B.4.2	How does the contractor intend to comply with the contract requirements regarding obstetrical services? (A and B)			
4.2.4	N/A	How will the contractor provide all medically necessary drugs covered by the Medicaid program to all enrollees, including people with special needs? (A) Will the contractor implement a drug formulary? If so, provide a copy of the formulary and describe how it was developed and how it will be implemented in compliance with contract requirements. How will it take into account the needs of individuals with special needs? How will the contractor ensure access to non-formulary drugs when medically necessary? Describe the contractor's prior approval process for these drugs. (B)			
4.2.4	N/A	Describe the contractor's procedure for review and resolution of complaints regarding drug access and coverage. (B.8)			
4.2.4	N/A	If the contractor intends to implement a pharmacy lock-in program, describe the proposed program, including the criteria for lock-in and how the program will meet the contract requirements. (C)			
4.2.4	N/A	How will the contractor coordinate drug prescription by several providers and avoid drug interaction issues? (D) (See also Article 4.6.4D regarding DUR)			
4.2.5	N/A	What procedures will the contractor use to notify enrollees of laboratory and radiology results within required time periods? (A and B)			
4.2.6	N/A	Describe, in detail, the contractor's policies and procedures for providing EPSDT services, outreach, education, referrals and follow-up care for each of the required services. How will the contractor notify enrollees when periodic assessments or needed services are due and coordinate appointments for care? What policies and procedures does the contractor have for conducting outreach for missed appointments? How will the contractor notify PCPs about EPSDT requirements and enforce those requirements, including providing a list of enrollees that have not complied with the EPSDT schedules and requiring documentation of outreach efforts? (A)			
4.2.6	N/A	Describe the contractor's lead screening program, including verbal risk assessment and blood lead testing (B.7)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.2.7	B.4.3 & B.4.4	Describe the contractor's policies and procedures for immunizations, including ensuring compliance with the ACIP's most recent recommendations and using VFC vaccines. (A, B, D and E)			
4.2.8	N/A	Submit the contractor's policies and procedures regarding experimental treatment, including the composition of the contractor's medical review board. (E and F)			
4.2.9	N/A	Describe all planned health promotion and education activities and targeted implementation dates.			
4.3.2	B.4.5	Describe and list any relationships with Head Start programs, including how contract requirements are met.			
4.3.3	B.4.6	Describe and list linkages with school-based youth services programs, including how contract requirements are met.			
4.3.4	B.4.7	Describe and list linkages with Local Health Departments.			
4.3.5	B.4.8	Describe the contractor's policies and procedures for compliance with the requirements regarding referrals to WIC programs.			
4.3.6	N/A	Describe any relationships, whether existing or planned with other provider entities, including: public health clinics or agencies, DYFS contracted Regional Child Abuse/Sexual Abuse Centers, environmental health clinics, women's health clinics, family planning/reproductive health clinics, and developmental disabilities clinics. Describe how these relationships are/will be established, in what form (e.g., written), and how these relationships will differ from network providers, e.g., referrals, care management, reimbursement, dispute resolution, and records maintenance.			
4.4	B.4.9	Provide the contractor's policies and procedures regarding identification of mental health and substance abuse problems. Describe screening tools, follow-up, and referrals to/from MH/SA providers. Submit any alternative screening tool. (A, B, E and F)			
4.4	N/A	What "standard rules of the pharmacy plan" will MH/SA providers be required to follow? Describe procedures to report prescription abuse to DMAHS. (C and D)			

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Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.4	N/A	Describe how the contractor will coordinate inpatient hospital services for enrollees with both a physical health and a MH/SA diagnosis, including any relevant experience with this issue. (E)			
4.4	N/A	Describe how the contractor will resolve service provision disputes in compliance with the contract requirements. (G)			
<i>Enrollees with Special Needs</i>					
4.5.2	N/A	Describe all policies, guidelines and procedures the contractor will use to ensure identification of enrollees at risk of or having special needs and delivery of all medically necessary covered benefits to enrollees with special needs, including relevant experience with special needs populations. (A)			
4.5.2	N/A	How will the contractor meet requirements regarding transition planning for persons with special needs? (B)			
4.5.2	N/A	Give evidence of the contractor's outreach and enrollment staff qualification and training to work with people with special needs, including the ability to serve persons with behavior problems associated with developmental disabilities. (C and G)			
4.5.2	N/A	Describe policies and procedures for enrollee access to specialists as primary care providers. Describe any plans for use of standing referrals for long term specialty care. (D) (See also Article 4.8.7)			
4.5.2	N/A	Describe how the contractor will assure that people with special needs have access to dental services, including specific policies and procedures for provision of dental services for enrollees with developmental disabilities. What reviews and audits will be in place to monitor and evaluate dental services by enrollees with developmental disabilities? (E and Article 4.7.1J)			
4.5.2	N/A	How will the contractor handle crisis situations after hours for enrollees with special needs, including training of staff/providers? (F)			
4.5.2	N/A	Describe the contractor's policies and procedures for ADA compliance and submit the contractor's plan to monitor compliance. (H) (See also Article 7.8)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.5.3	B.4.11	Describe how the contractor will meet network requirements related to enrollees with special needs, including how the network will respond to the cultural and linguistic needs of enrollees with special needs, how the contractor will secure accessibility to providers specialized in treating disabling conditions, and contracting with Special Child Health Services Network Agencies. (A and B)			
4.5.4	B.4.12	Indicate the contractor's policies and procedures for compliance with care management and coordination of care requirements for persons with special needs. (A through D)			
4.5.5	N/A	Describe the contractor's policies and procedures for meeting the contract requirements regarding children with special health care needs, including provision of services, care management, access to specialty centers, and continuation of existing relationships with out-of-network providers. (A and B)			
4.5.5	N/A	How will the contractor coordinate care and create linkages with external organizations, particularly with school districts and local Early Intervention Programs? (C to E)			
4.5.6	N/A	Describe the contractor's approach to providing service to persons with developmental disabilities and any experience with this population.			
4.5.6	N/A	Describe the contractor's proposed specialized provider network that will provide physical health and MH/SA services to clients of DDD.			
4.5.7	N/A	Describe the contractor's program to educate, test and treat pregnant women with HIV/AIDS, including any experience with this population. (A)			
4.5.7	N/A	How will the contractor address the HIV/AIDS prevention needs of uninfected enrollees and special needs of HIV-positive enrollees? Which traditional HIV/AIDS providers are included in the contractor's network? (B and C)			

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Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.5.7	B.4.13	Provide a detailed description of the contractor's HIV/AIDS program, including its policies and procedures for assuring the use of the most current diagnosis and treatment protocols. Describe the contractor's care management program for HIV/AIDS, including linkages with Ryan White CARE Act grantees. (D and E)			
<i>Quality Management, Monitoring, and Evaluation</i>					
4.6.1	B.4.14	Submit a comprehensive detailed description of the contractor's Quality Assessment and Performance Improvement (QAPI) program, including how the QAPI will comply with each of the standards listed in Article 4.6.1.C, including standards described in New Jersey-modified QARI/QISMC. (A to C except C.5-7)			
4.6.1	B.4.14	Describe the contractor's credentialing/recredentialing process, including how it complies with Standard IX of NJ modified QARI/QISMC and how it addresses credentialing requirements related to practitioners' experience serving people with special needs.			
4.6.1	B.4.14	If the contractor will subcontract or delegate any QAPI activities, provide a copy of that agreement and a plan for active oversight. (C.7)			
4.6.2	B.4.15	Submit a work plan that describes in detail each of the quality assurance activities that the contractor will carry out, including timeframes, frequencies, and a summary of current activity. Include all minimum required activities in the order they are listed in Article 4.6.2B through AA.			
4.6.2	N/A	Select two clinical practice guidelines and for each document the process for developing and disseminating the guideline as well as updating and revising the guideline. (A)			
4.6.2	N/A	Submit written policies and procedures related to the specified ethical issues. (K)			

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4.6.2	N/A	Provide a written description of the contractor's compensation methodology for marketing representatives, including how commissions/incentive payments will be calculated and how the contractor will ensure that these payments do not exceed 30 percent of the representative's monthly salary. (U and 5.16.2B))			
4.6.2	N/A	Describe any other specific initiatives the contractor will conduct, e.g., accreditation.			
4.6.3	N/A	Describe the contractor's referral system, including the items listed in Article 4.6.3A and B. Include a flowchart that details the referral system, including the title of the person responsible for approving referrals. (A, D and E)			
4.6.3	N/A	How will the contractor assure the facilitation of referrals for individuals for whom traveling to pick-up and deliver forms would cause undue hardship? (B)			
4.6.4	B.4.14	Provide a copy of the contractor's written Utilization Review Plan. Clearly reference the standards described in New Jersey modified QARI/QISMC and address each of the additional required policies and procedures in Article 4.6.4A. (A)			
4.6.4	N/A	Give a detailed description of the contractor's prior authorization policies and procedures, including staff qualifications and timeframes. Provide a sample Notice of Action. (B)			
4.6.4	N/A	Describe the contractor's appeal process for utilization management determinations, including timeframes and who will hear the appeal. (C)			
4.6.4	N/A	How will the contractor comply with the Drug Utilization Review (DUR) requirements listed in Article 4.6.4.D1 and 2, including the development of review protocols for and review of MH/SA drug utilization? (D.1 & 2) (See also Article 4.2.4)			
4.6.4	N/A	Provide evidence that the Medicaid DUR Board has approved the contractor's DUR standards and submit DUR standards. (D.3)			
4.6.5	N/A	Describe how the contractor will meet the care management requirements in Articles 4.6.5A, including a description of the protocols identified in A.5.			

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Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.6.5	N/A	Describe the contractor's care management program, including the contractor's protocols and tools for identifying enrollees who require care management, protocols and tools for complex needs assessments, criteria for providing an assessment, elements in the care plan, timeframes for each activity, care manager qualifications, education, training, and caseload, referral procedures, continuity of care, documentation, hours of service, and criteria for providing different levels of care management. (B through K)			
4.7.1	N/A	Describe the contractor's incentive system for providers to assure submission of encounter data. (I)			
4.7.4	N/A	Describe the contractor's policies and procedures regarding a plan of action for any problems identified through the External Review Organization's (ERO) activities. (A)			
<i>Provider Network</i>					
4.8.1	N/A	How will the contractor ensure that providers reflect the linguistic composition of enrollees? (B.3)			
4.8.1	N/A	How will the contractor ensure that providers are accessible and that it has sufficient providers trained and experienced in treating individuals with special needs? (B.4)			
4.8.2	N/A	How will the contractor assure that its PCPs are complying with the requirements of Articles 4.8.2A and B for supervising, coordinating and managing their enrollees' health care as well as making appropriate referrals? Describe the contractor's referral protocols, including the protocols for a PCP to determine the urgency of a consultation with a specialist, and if urgent, to arrange for a consultation with a specialist.			
4.8.2	N/A	If the contractor will be using a specialist as a PCP or a physician practicing in an academic setting for less than 20 hours per week, submit justification for each such provider. (A)			
4.8.3	A.4.1	Submit a hard copy and electronic copy of contractor's provider network file.			
4.8.4	N/A	Submit sample pages of the provider directory to demonstrate compliance with the provider directory requirements. (A to C)			

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Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
4.8.6	N/A	If the contractor has its own laboratory, submit a written list of all diagnostic tests performed in its own laboratory and those tests that are referred to other laboratories. (A.2)			
4.8.6	N/A	How will the contractor ensure that it maintains a sufficient network of drawing/specimen collection stations? (C)			
4.8.7	N/A	How will the contractor ensure that it maintains a sufficient network of pediatric medical subspecialties and that access to these services is not unnecessarily rigid? (A)			
4.8.7	N/A	Which Special Child Health Services Network Agencies or equivalent does/will the contractor include in its provider network? (B)			
4.8.7	N/A	Describe the contractor's procedures for ensuring that its network includes primary care providers experienced in caring for enrollees with special needs. (C)			
4.8.7	B.4.16	Describe the contractor's procedures for ensuring that its network includes providers who have knowledge and experience in identifying child abuse and neglect. Which Regional Child Abuse and Neglect Diagnostic and Treatment Centers or their equivalent are included in the provider network? (D)			
4.8.7	N/A	Describe the procedure by which enrollees who need ongoing specialty care may obtain a standing referral for such care. (E)			
4.8.7	B.4.10	Describe the procedure(s) by which an enrollee described in 4.5.2D may receive a referral to a specialist or specialty care. (F and 4.5.2D)			
4.8.8	N/A	How will the contractor ensure that maximum caseload requirements are not exceeded? (A)			
4.8.8	A.4.2	Submit a provider capacity assessment. (B)			
4.8.8	N/A	Describe how the contractor will ensure that the requirements for specialty centers/providers will be met. (G and H)			
4.8.9	N/A	How will the contractor ensure that traditional and safety net dental providers are included in the network? What percentage of the network will be traditional or safety net providers? How will the contractor ensure that enrollees are informed about and have access to traditional and safety net providers? (C)			

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4.8.10	N/A	Is the contractor asking to be waived from specific network requirements? If so, provide documentation regarding good faith negotiations.			
4.8.11	A.4.3	Submit the provider network accessibility analysis.			
4.9.1	N/A	Provide lists of names, addresses, ownership/control information of participating provider and subcontractors. (E)			
4.9.1	B.7.2	Submit each generic type of provider contract form. (J)			
4.9.1	B.7.2	Submit proposed subcontracting arrangements (K)			
4.9.2	N/A	Submit a complete fully executed contract with each provider type.			
4.9.2	N/A	Provide copies of each FQHC contract. (A)			
4.9.2	A.4.4	Provide a list of all non-FQHC providers and a Certification of Provider Network. (D)			
Article 5: ENROLLEE SERVICES					
Enrollment, Verification, and Member Services					
5.1	N/A	What regions will the contractor serve? (A)			
5.4	N/A	Explain how the contractor will cooperate with the Health Benefits Coordinator (HBC) to develop information about its plan for dissemination to Medicaid beneficiaries. (A and Article 5.16.1A)			
5.5	B.5.1	Describe the contractor's policies and procedures for immediately notifying DMAHS of a birth. (G.1.c)			
5.6	N/A	How will the contractor ensure that its network of providers is kept informed of the enrollment status of each enrollee? (A to C) (See also Article 3.2.3)			
5.7	N/A	Give a detailed description of the Member Services Unit. Describe staff training and experience, including training and experience needed to provide effective services to enrollees with special needs, including those with communication-affecting conditions. Also provide information on staff who speak Spanish or other languages; the member services manual; the after-hours call-in system to triage urgent and emergency calls; and urgent/emergent triage policies and procedures during normal hours of operation. Provide a flowchart of the telephone triage system. (A to H)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Enrollee Education and Information					
5.8.1	N/A	How will the contractor ensure that information to the enrollee is culturally and linguistically sensitive? (B)			
5.8.1	N/A	Describe how the contractor will continually educate enrollees about policies and procedures, the role of enrollees in the education process, and how this process will be monitored to assure successful outcomes. (C)			
5.8.2	B.5.2	Submit the member handbook and explain how it complies with Article 5.8.2.			
5.8.2	N/A	What procedures will the contractor have to contact new enrollees to schedule baseline physicals/development of plans of care? (W)			
5.8.3	N/A	Describe the policies and procedures to update and distribute the updated member handbook.			
5.8.4	N/A	Describe the policies and procedures to notify enrollees and providers of changes in services, service locations, providers, and other changes.			
5.8.5	N/A	Submit a sample id card for both Medicaid enrollees and NJ KidCare enrollees and describe how it meets the requirements of Article 5.8.5. (A and B)			
5.8.6	N/A	Provide a copy of the welcome letter, the curriculum for enrollee orientation, proposed locations for group orientation and anticipated frequency. (A to C)			
PCP Selection and Assignment					
5.9.1	N/A	Describe the policies and procedures used to select and assign a PCP, including how and what information is provided to enrollees to facilitate their choice and how the contractor will assign linguistically and culturally competent PCPs. (A to C)			
5.9.2	N/A	Give a detailed description of the conditions, procedures and timeframes for enrollees or PCPs to request a change of a PCP, including any limits on number of changes. (A to E)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Disenrollment					
5.10.1	N/A	Describe the contractor's policies and procedures for disenrollment. Address the requirements in Article 5.10.1 regarding non-discrimination, coverage for individuals in a hospital, enrollee notification of right to disenroll, and release of medical records, including confidentiality. (A to D)			
5.10.2	N/A	Describe how the contractor will comply with the requirements in Article 5.10.2B regarding voluntary disenrollment and in Article 5.10.2C regarding the role of the HBC. (B and C)			
5.10.3	N/A	Detail the policies and procedures for compliance with disenrollment at the contractor's request, as described in Article 5.10.3. (A to D)			
Telephone Access					
5.11	N/A	How will the contractor comply with the requirement to maintain a 24 hour, seven days per week toll-free answering system, including staffing (number and qualifications) and training? Document availability of TDD and TT systems. (A)			
5.11	N/A	During what hours and what days of the week will an enrollee be able to contact the contractor for calls regarding administrative or routine care services? (B)			
5.11	N/A	What standards will be in place for after-hours responses? (C)			
5.11	N/A	Describe the contractor's telephone protocols. Demonstrate the contractor's ability to satisfy the five minutes maximum hold and the P-factor requirements. Contractors may submit studies or operational reports or other evidence. (D)			
Appointment Availability and Monitoring					
5.12	N/A	Give a detailed description of how the availability of medical, MH/SA (for DDD clients) and dental care appointments will be ensured in accordance with the standards listed in Article 5.12. (A to P)			
5.12	N/A	How will the contractor ensure that elderly and disabled enrollees are contacted within 30 days of enrollment for an initial visit and that enrollees with special needs are contacted within 10 days? (Q)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
5.13	N/A	Describe the contractor's policies and procedures for monitoring, evaluating, and ensuring the adequacy of its appointment processes, including waiting time upon arrival at a provider's office. Summarize any recent study of appointment availability. How will the contractor educate providers about appointment standards? (A and B)			
Cultural and Linguistic Needs					
5.14	N/A	Demonstrate the contractor's ability to provide the necessary physical and communication access to all services, including how the contractor will document that it has reasonably accommodated the needs of persons with disabilities. (A)			
5.14	N/A	Describe how the contractor will meet the 24-hour interpreter access requirements listed in Article 5.14B, including how interpreter services will be provided (by phone, by trained interpreters, in-person, etc.). Also describe how the contractor will maintain a current list of interpreter agencies/interpreters. (B and C)			
5.14	N/A	Describe the contractor's plan for providing linguistic services in addition to interpreter services to a population of enrollees if they meet the threshold in Article 5.14D of the contract. (D and E)			
5.14	N/A	Describe the contractor's Community Advisory Committee. (F)			
5.14	N/A	Describe the process that will be used to conduct a group needs assessment and develop a Cultural and Linguistic Services Plan. (G)			
5.14	N/A	Demonstrate that the contractor's policies and procedures incorporate the values in subsection I, including specific policies on these topics. Provide documentation of how the contractor ensures that all aspects of service delivery are culturally and linguistically sensitive. Such documentation may include, but not be limited to, training curriculum for staff and providers. (H and I)			
5.14	N/A	Describe the policies and procedures for investigating and resolving any issues related to access and cultural sensitivity. (J)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Enrollee Complaints and Grievances					
5.15.1	N/A	Summarize the contractor's complaint, grievance, and appeals policies and procedures and submit a flow chart of the steps with timeframes. Explain how those policies and procedures meet each of the requirements in Article 5.15.1 (in the order they appear).			
5.15.2	N/A	How will information about the grievance procedure be provided to enrollees and authorized persons (part of handbook, annual mailing, or other)? Provide examples. Will the statement include any information not listed in B and C? (A to C)			
5.15.3	N/A	Describe in detail the availability, timeframes and process for grievance and appeal requests for both Medicaid and NJ KidCare enrollees. Include a description of the role of DHSS and the Independent Utilization Review Organization. (A to D)			
5.15.4	N/A	Demonstrate that the contractor has an adequate number of trained clinical and non-clinical staff to receive and assist with enrollee grievances. (A)			
5.15.4	N/A	If the contractor will use a grievance form, submit a sample grievance form and indicate what translation service the contractor will use. (B)			
5.15.4	N/A	Describe the contractor's policies and procedures for maintaining confidentiality throughout the complaint and grievance process, including a copy of any applicable policy/procedure. (C)			
5.15.4	N/A	What systems will the contractor have in place for documenting and tracking complaints and grievances as required in Articles 5.15.4E and F? (E and F and 5.15.6D)			
5.15.5	N/A	Describe the tracking and resolution system for issues not requiring a formal grievance hearing. (A)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Marketing					
5.16.1	N/A	Demonstrate the contractor's understanding of what marketing activities are and are not allowed, as provided in Articles 5.16.1A and B and 5.16.2. (A and B)			
5.16.1	N/A	Submit a complete marketing plan and marketing materials (D & G)			
5.16.1	N/A	Provide information on promotional give-aways. (I and Article 5.16.2C.2)			
5.16.1	N/A	How will the contractor ensure that marketing representatives are trained and qualified and adhere to enrollment, disenrollment and marketing policies? (J and K and Article 5.16.2A and B)			
5.16.1	N/A	Provide information about marketing for NJ KidCare (P, Q, and R)			
5.16.1	N/A	Provide information on contractor's incentive program. (T)			
5.16.1	N/A	Describe the contractor's approach to surveying enrollees specifically to verify their understanding of the contractor's procedures and services availability. (U)			
5.16.2	N/A	Provide a list of marketing representatives. (A.2)			
Article 6: PROVIDER INFORMATION					
General and Provider Education and Training					
6.1	N/A	Describe the policies and procedures to ensure that all contracted providers have knowledge of the DMAHS managed care program. (A) How will the contractor meet the initial and ongoing training requirements listed in Article 6.3? Include current curriculum, relevant training materials, and handouts from recent training. (A and B)			
6.2	N/A	Submit the contractor's current provider manual and bulletins and describe how it meets the requirements of Article 6.2A. If the contractor intends to use an alternative, submit the alternative and describe how it meets the requirements of Article 6.2A.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Provider Grievances and Appeals					
6.5	N/A	Describe the contractor's procedures for resolving billing and payment disputes. (A)			
6.5	N/A	Describe the contractor's provider grievance and appeals procedures. (B)			
6.5	N/A	Describe how the contractor will log, track, and resolve complaints and grievances and meet the requirements for the provider grievances/complaints report (including any additional elements). (C and D)			
6.5	N/A	How will the contractor notify providers of the right to appeal through the Department's IURO process? (E)			
Article 7: TERMS AND CONDITIONS					
7.2	N/A	Provide a certification or notification of filing with the Secretary of State. (I)			
7.3	N/A	Provide a staff organizational chart that identifies the major operational components of the contractor's organization and the lines of authority and responsibility; separate charts should be provided for each functional area, and regional differences must be highlighted if the contractor will contract for more than one region.			
7.3	N/A	Provide a list of the following staff and their resumes or biographical descriptions: CEO, CFO, Contractor's Representative, Medical Director, QM/UR coordinator, Care Management Supervisor, Member Services Director, Provider Services Director, Grievance and Appeals Officer, Claims Processing Director, MIS Director. If any of these staff are contractors rather than employees, please specify. If any of these functions are subcontracted, provide a brief description of the qualifications of the subcontracted persons or entities. If any position is vacant, provide a detailed job description (by region if more than one is proposed).			
7.4	N/A	Certify that contractor meets the requirements regarding relationships with debarred or suspended persons.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
7.5	N/A	State the name, title, address and telephone number of the individual who will be serving as the Contractor's Representative. (A and 7.10)			
7.8	N/A	Submit a written certification to the Department that the contractor is in compliance with the American with Disabilities Act (ADA), and that the contractor shall not directly or through contractual, licensing, or other arrangements, discriminate against Medicaid/NJ KidCare beneficiaries who are covered by ADA. (B and Article 4.5.2.H)			
7.8	N/A	Describe the policies and procedures in place for assuring that the contractor does not discriminate against any provider who is acting within the scope of the provider's license or certification under State law. (E)			
7.8	N/A	Provide information regarding any instance in which a federal or state agency ever made a finding of non-compliance against the contractor regarding any civil rights requirements. (G)			
7.16.8.1	B.7.1	Provide the required information regarding physician incentive plans. (E)			
7.20.1	N/A	Submit a written certification to the Department that the contractor is in compliance with the American with Disabilities Act (ADA), and that the contractor shall not directly or through contractual, licensing, or other arrangements, discriminate against Medicaid/NJ KidCare beneficiaries who are covered by ADA. (B and Article 4.5.2.H)			
7.20.7		Submit the "Certification Regarding Lobbying" and, if applicable, "Disclosure of Lobbying Activities."			
7.29	N/A	Provide any information regarding any potential or actual conflict of interest.			
7.30	N/A	Describe how the contractor will assure that records are retained for the required period. (A)			
7.37	N/A	Provide information on ownership and control required in Article 7.37.A (HCFA 1513).			
7.37	N/A	Provide information on business transactions with a "party in interest" as required in Article 7.37.B.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
7.37	N/A	Provide information on persons convicted of crimes as required in 7.37.C.			
7.38	N/A	Describe the policies and procedures in place to identify, investigate and take appropriate corrective action against provider and enrollee fraud and abuse.			
7.39	N/A	Describe how the contractor will assure that contractor's DMAHS enrollees receive medical care and health services in at least the same manner and in accordance with the same standards and priority as non-DMAHS enrollees in the contractor's plan. (A)			
7.40	N/A	Describe the policies and procedures in place to assure the confidentiality of all information, records, data and data elements pertaining to Medicaid/NJ KidCare enrollees.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Article 8: FINANCIAL PROVISIONS					
N/A	N/A	Submit audited financial statements for the two most recent fiscal years for which the statements are available. The statements must include a balance sheet, income statement and a statement of cash flows. Statements must be completed with opinions, notes and management letters. If no audited financial statements are available, explain why and submit unaudited financial statements and any other supporting narrative and financial data.			
N/A	N/A	Provide projected balance sheets, income statements, and cash budgets for three years. The income statement should separately reflect Medicaid/NJ KidCare business, be by premium group by region using the following categories of service: Hospital inpatient, primary care, physician specialty service, outpatient hospital, other professional services, emergency room, dental, pharmacy, home health care, transportation, lab and radiology, vision care, and other. Any projected losses must be explained.			
8.2.1 & 2.I	N/A	Identify any court order, administrative decision, or action by any instrumentality of the federal or state government that would prevent implementation of the contract.			
8.2.2 & 2.J	N/A	Give evidence of compliance with the minimum net worth requirements listed in Article 8.2.2			
8.2.3 and 2.K	N/A	Provide the name of the contractor's bank.			
8.3	N/A	Show evidence of compliance with the insurance requirements listed in Article 8.3.			
8.3.2	N/A	Describe the policies in place to obtain and maintain stop-loss insurance as required by Article 8.3.2.			
8.4.1	N/A	What policies and procedures are in place to achieve the medical cost ratio standard as described in Article 8.4.1? (A and B)			
8.7	N/A	Describe in detail the policies and procedures in place to comply with the third party liability requirements in Article 8.7. (A to J)			
8.9	N/A	Describe the policies and procedures for advance payments and PIPs to providers.			
8.10	N/A	Describe the policies and procedures to comply with FQHC reimbursement and reconciliation requirements. (A to C)			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
ADDITIONAL INFORMATION					
Corporate Experience					
N/A	N/A	Provide a brief description of the contractor's experience with managed care delivery, with specific information about experience with individuals with special needs and the Medicaid population; specify the number of years of experience with Medicaid, areas of operation (including other states), and number of enrollees (by state).			
N/A	N/A	Describe the contractor's operational experience (Medicaid and non-Medicaid) in the proposed regions in New Jersey.			
Licensure and Organization					
7.21	N/A	Provide a copy of the contractor's Certificate of Authority from the New Jersey Department of Banking and Insurance and the Department of Health and Senior Services			
7.25	N/A	Provide information regarding contractor's status as a Medicare+Choice organization.			
N/A	N/A	If the contractor is a subsidiary, provide an organization chart showing the relationship of the contractor to all parent entity(ies)/corporation(s) and affiliate(s). This shall include a description of the division of responsibilities, the decision making process, and the reporting relationships between the contractor and its parent(s) or affiliate(s).			
N/A	N/A	Describe the organizational structure of the contractor.			
N/A	N/A	Provide a list of the members of the contractor's Board of Directors and their resumes or biographical descriptions.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
Case Studies					
N/A	N/A	<p>For each of the following case studies, contractor should describe how the enrollee would be managed, addressing the following questions and issues where relevant to the case:</p> <ol style="list-style-type: none"> 1. Was the enrollee identified as special needs? Based on what criteria? 2. Is there an established protocol for managing a member with these conditions? 3. What level of care management is designated and who provides care management? 4. If the enrollee is new to the HMO, what transition planning will occur? 5. Who can be designated as the PCP for this enrollee and what is their role? 6. Describe the plan of care/Individual Health Care Plan including services provided, transportation, any supplemental benefits, alternative sites of care or clinical trials. 7. Describe the referrals and referral process to specialists and specialty services (including centers of excellence, out-of-state, and out-of-network providers) appropriate for the case. 8. Describe the role of existing providers where applicable. 			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
		9. Describe linkages to school-based and Headstart programs where applicable. 10. Describe linkages with other state agency or community services where applicable. 11. Describe linkages to the public health system where applicable. 12. Describe the coordination with the Mental Health and Substance Abuse System, or, in the case of clients of DDD, the provision of mental health and substance abuse services. 13. Describe the coordination with the DDD Community Care Waiver where applicable. 14. Describe the coordination with Medicare where applicable. 15. Describe the coordination with family planning services, follow-up/outreach for needed screenings, preventive services and immunizations, and any relevant health promotion and wellness programs. 16. Describe whether any specific quality monitoring is planned. 17. Describe any cultural and linguistic services required.			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
N/A	N/A	<p>Case One:</p> <ol style="list-style-type: none"> 1. 67 year old male, Medicare eligible 2. Lives alone 3. Newly enrolled 4. Presents with brittle diabetes, Parkinson's, severe neuropathy, severe depression, and COPD 5. Providers at the time of enrollment include a cardiologist, endocrinologist, and psychiatrist 6. Drug regimen at time of enrollment: insulin, anti-depressant, blood thinner, beta blocker, diuretic 7. History: Quadruple by-pass three years ago, two toes and one finger missing from previous infection 8. ADLs: Needs assistance bathing and dressing 9. IADLs: Needs assistance in shopping and food preparation and transportation 			
N/A	N/A	<p>Case Two:</p> <ol style="list-style-type: none"> 1. 26 year old woman 2. Lives with her husband who is employed full time and one school aged child 3. Presents with post-trauma quadriplegia, communicates with a speech board, breath-activated wheel chair, frequent urinary tract and pulmonary infections, depression 4. Selected PCP not wheel chair accessible and there are insufficient staff to assist. Examining tables are not accessible. 5. History: Car accident two years ago, significant rehabilitation and training with assistive devices, no recent contacts with rehabilitation provider 6. No strong provider relationships at time of enrollment 7. ADLs: Needs assistance with bathing, transfer, dressing, toileting and needs assistance with all IADLs and child care 			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
N/A	N/A	Case Three: 1. 46 year old male 2. Live-in caregiver, employed full time who is HIV positive 3. Haitian 4. Enrolled with HMO for three months 5. Presents with full blown AIDS, viral load of 95,000, CD4 count of 172, wasting syndrome of HIV, tuberculosis, significant weight loss and loss of appetite 6. History: hospitalized three times in previous six months for AIDS related infections. 7. Providers at the time of enrollment, case managed by a Ryan White Center, specialized AIDS treatment center 8. Polypharmacy 9. ADLs: Needs assistance with self-care, nutritional support and home maintenance when caregiver is absent			
N/A	N/A	Case Four: 1. 20 year woman 2. Two children, one in foster care 3. Living situation unknown 4. Autoassigned to HMO and to a PCP 5. Has not responded to any communication from HMO 6. Presents in emergency room, pregnant in second trimester, tests positive for cocaine 7. History: two children both born with addiction to cocaine, both have severe cognitive deficits, one previous attempt at rehabilitation led to abstinence for one year, one arrest for cocaine possession			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
N/A	N/A	<p>Case Five:</p> <ol style="list-style-type: none"> 1. Ten year old male 2. Living with parents 3. Newly enrolled 4. Presents with Down Syndrome, mitral valve prolapse, dental problems, serious emotional disorder unspecified, overweight 210 lb. 5. Providers at time of enrollment include pediatric dentist, obesity specialist, neuro-developmental pediatrician, pediatric cardiologist, oral surgeon, Special Child Health Services Program Case Management Unit, home health aid assists in bathing 6. History: Two residential treatment center placements for 60 days and 120 days in previous year -- school/parents were unable to manage behavior (aggression), very disruptive in physician offices 7. Attends specialized class in public school, school provides teacher's aid one-on-one when behavior is too disruptive 			
N/A	N/A	<p>Case Six:</p> <ol style="list-style-type: none"> 1. 31 year old female, in work program 2. Living with four children ages 2 to 11 in public housing 3. Autoassigned to HMO 4. Eleven year old referred by school to HMO for Hepatitis B vaccine 5. History: No record of other immunizations, one emergency room visit for the two year old (dx lead poisoning) 6. No response from parent to reminders for screening visits and immunizations for children 			
N/A	N/A	<p>Case Seven:</p> <ol style="list-style-type: none"> 1. 49 year old male 2. Living situation unknown (shelter, friends) 3. Presents with trauma-related paraplegia, severe decubiti, malnourished, post traumatic stress syndrome, crack abuse, six previous arrests for disturbing the public and vandalism 4. History: 12 emergency room visits in previous twelve months, no show to all follow-up appointments scheduled 			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
N/A	N/A	Case Eight: 1. 84 year male 2. Lives in house with 86 year old spouse (with late stage Alzheimer's) 3. Very little English, Chinese 4. One child out-of-state 5. Presents with myocardial infarction at emergency room 6. History: Two previous heart attacks 7. Enrolled with HMO for 120 days 8. Autoassigned to HMO and to PCP 9. No response to request for needs assessment/screening			
N/A	N/A	Case Nine: 1. 17 year old female 2. Living with friends, no known contact with parents 3. Eligible for NJ KidCare 4. Presents with STD, HIV positive, pregnant first trimester 5. Provider at time of enrollment – no ongoing provider, however, family planning clinic was consulted for abortion services			
N/A	N/A	Case Ten: 1. 34 year old male 2. Living in apartment with two roommates 3. Vietnamese, no known contact with parents 4. Presents with alcohol poisoning in emergency room, IQ of 68, chronic alcoholism and seizure disorder 5. History: Has not contacted county case management unit, has not participated in community waiver, supportive employment services were provided but did not lead to job permanence, fired three times 6. Noncompliance with drug regimen			

PRE-CONTRACTING CHECKLIST

Contract Location	Appendices Location	Item	Submitted/ Reviewed Onsite	Notes	Approved
N/A	N/A	Case Eleven: 1. 24 year old female 2. Living with three children ages 4 to 8 in public housing 3. Newly enrolled 4. History: No known physical problems 5. No known physician			

B.2.3 Readiness Review

READINESS REVIEW

The following information will be reviewed and discussed during the Division of Medical Assistance and Health Services readiness review:

1. Administration and Organizational Structure
 - Tour office/facility
 - Identify any changes in organizational structure
 - interim plans to delegate responsibilities
 - Identify chain of command
 - identify and introduce of management team
2. Quality Management
 - Identify and meet staff and flow of responsibilities
 - Review final plans for implementation of Quality Management Committees
 - Review procedures for interdepartmental coordination on quality issues
 - Review final policy and procedure manuals
 - Review credentialing files
3. Provider Relations
 - Identify and meet staff and flow of responsibilities
 - Process for staff education
 - Review staff procedure manuals/documents
 - Policy on provider education and outreach
 - Processing and monitoring of provider inquiries and complaints
 - Evaluation/effectiveness of Provider Relation Services
 - Recruitment policy
 - Review record keeping of provider files
4. Member Services/Customer Services
 - Identify and meet staff and flow of responsibilities
 - Process for staff education
 - Review staff procedure manuals/documents
 - Policy on member education and outreach
 - Processing and monitoring member inquiries and complaints
 - Is 24 hour coverage in place
 - Bilingual staff/translation ability
 - Evaluation/effectiveness of Member Services
 - Plans for the initiation of member surveys
 - Telephone hotline staff and system
 - Enrollment

5. Enrollment

- Identify and meet staff and flow of responsibilities
- Process for staff education
- Review staff procedure manuals/documents
- Processing and monitoring enrollment process
- Evaluation/effectiveness of Member Services

6. Complaints and Grievances

- Identify responsible staff
- Identify process and resolution of complaint
- Tracking
- Incorporation into quality assurance activities
- Process for maintaining confidentiality

7. Marketing

- Identify and meet marketing staff
- Education/training of marketing staff
- Review of marketing plan/sites for enrollment
- Inspect materials inventory

8. Record Keeping

- Check security of record keeping system
- Provider and member files
- Plans for record retention
- Confidentiality

9. Utilization Management

- Identify and meet responsible staff
- Education/training of staff
- Process for authorization/denials of services
- Coordination of alternative services/approvals
- Referrals/Precertification

10. Fiscal Responsibility

- Meet responsible Financial staff
- Review Provider Payment claims screens
- Review Financial Management screens

11. Management Information Systems

- Review Provider Payment claims screens
- Review Member and Provider screens
- Review Quality and Utilization Management screens
- Review capability for reporting
- Identify staff

B.3.0 MANAGED CARE MANAGEMENT INFORMATION SYSTEMS

B.3.1 Monthly Roster Extract File

Monthly Roster Extract File

File Name

08/02/1993

Effective Date

HSADTXXP.XME54RNX.NX54ACT.TRANS
HSADTXXP.XME54RNX.NX54FUTR.TRANS
HSADTXXP.XME54RNX.NX54TERM.TRANS

Data Set Name

70

Record Size – Bytes

23450

Block Size

Element	Field Name	Chars.	Bytes	Byte # Rel to 1	Format	COBOL Picture	Description and Remarks
1	EXTRACT – HSP – NUMBER	12	12	1 - 12	NU	9(12)	
2	EXTRACT – CASE NUM	10	10	1 - 10	NU	9(10)	
3	EXTRACT – PERSON – NUM	2	2	11 - 12	NU	9(2)	
4	EXTRACT – LAST NAME	12	12	13 - 24	CH	x(12)	
5	EXTRACT – FIRST NAME	7	7	25 - 31	CH	x(7)	
6	EXTRACT – COUNTY – OF – RES	2	2	32 - 33	NU	9(2)	
7	EXTRACT – MC PLAN – CODE	3	3	34 - 36	NU	9(3)	
8	EXTRACT – MC – DISENROLL DTE	8	8	37 - 44	NU	9(8)	
9	EXTRACT – MC – ENROLL – DTE	8	8	45 - 52	NU	9(8)	
10	FILLER	17	17	53 - 69	CH	x(17)	
11	EXTRACT – TYPE – FILE	1	1	70	CH	x	VALUE = A, T, OR F FOR ‘ACTIVE’, ‘TERMING’, OR ‘FUTURE’

B.3.2 Managed Care Register File

STATE OF NEW JERSEY							
TREASURY DEPARTMENT - O.I.T.							
MANAGED CARE REGISTER FILE				CLIENT SYSTEMS		01/25/99	
FILE NAME				FILE LAYOUT		EFFECTIVE DATE	
DATA SET NAME				297 RECORD SIZE - BYTES		BLOCK SIZE	
ELEMENT	FIELD NAME	CHARS.	BYTES	BYTE # REL TO 1	FORMAT	COBOL PICTURE	DESCRIPTION AND REMARKS
1 - 37	NX-TR-MC-RECORD	297	297	1 - 297	GROUP	X(297)	
1 - 2	NX-TR-MEDICAID-ID	12	12	1 - 12	GROUP	X(12)	
1	NX-TR-CASE-NUMBER	10	10	1 - 10	AN	X(10)	
2	NX-TR-RECIP-NUMBER	2	2	11 - 12	AN	X(2)	
3	NX-TR-CHANGE-TYPE	1	1	13 - 13	AN	X(1)	A=NEW ENROLLMENT (ADD); C=CHANGE; D=DELETE; T=DISENROLLMENT (TERMINATION)
4	NX-TR-CHANGE-DATE	8	0	14 - 21	NU	9(8)	FORMAT YYYYMMDD
5	NX-TR-SOURCE	4	4	22 - 25	AN	X(4)	
6	NX-TR-MC-HMO	3	3	26 - 28	AN	X(3)	
7	NX-TR-LST-NAME	12	12	29 - 40	AN	X(12)	
8	NX-TR-FST-NAME	7	7	41 - 47	AN	X(7)	
9	NX-TR-DOB	8	8	48 - 55	NU	9(8)	FORMAT YYYYMMDD
10	NX-TR-SEX	1	1	55 - 58	AN	X(1)	F=FEMALE; M=MALE
11	NX-TR-SSN	9	9	57 - 65	AN	X(9)	
12 - 19	NX-TR-ADDRESS	141	141	68 - 206	GROUP	X(141)	
12	NX-TR-ADDRESS-LINE-1	22	22	68 - 87	AN	X(22)	
13	NX-TR-ADDRESS-LINE-2	22	22	88 - 109	AN	X(22)	
14	NX-TR-ADDRESS-LINE-3	22	22	110 - 191	AN	X(22)	
15	NX-TR-ADDRESS-LINE-4	22	22	132 - 153	AN	X(22)	
16	NX-TR-ADDRESS-LINE-5	22	22	154 - 175	AN	X(22)	
17	NX-TR-ADDRESS-LINE-6	22	22	176 - 197	AN	X(22)	
18	NX-TR-ZIP-CODE	5	5	198 - 202	NU	9(5)	
19	NX-TR-ZIP-SUFFIX	4	4	203 - 206	AN	9(4)	
20	NX-TR-PR-ENROLL-DTE	8	8	207 - 214	AN	X(8)	FORMAT YYYYMMDD OR SPACES
21	NX-TR-PR-DISENROLL-DTE	8	8	215 - 222	AN	X(8)	FORMAT YYYYMMDD OR SPACES
22	NX-TR-PR-HMO-CAP-CDE	5	5	223 - 227	AN	X(5)	
23	NX-TR-PR-BENEFIT-INO	5	5	228 - 232	AN	X(5)	VALUES S0000 G0000 H0000

FORMAT BI=BINARY PD=PACKED DECIMAL NU=NUMERIC AN=ALPHA NUMERIC

STATE OF NEW JERSEY							
TREASURY DEPARTMENT - O.I.T.							
MANAGED CARE REGISTER FILE				CLIENT SYSTEMS		01/25/99	
FILE NAME				FILE LAYOUT		EFFECTIVE DATE	
DATA SET NAME				297 RECORD SIZE - BYTES		BLOCK SIZE	
ELEMENT	FIELD NAME	CHARS.	BYTES	BYTE # REL TO 1	FORMAT	COBOL PICTURE	DESCRIPTION AND REMARKS
24	NX-TR-CUR-ENROLL-DTE	8	8	233 - 240	AN	X(8)	FORMAT YYYYMMDD OR SPACES
25	NX-TR-CUR-DISENROL-DTE	8	8	241 - 248	AN	X(8)	FORMAT YYYYMMDD OR SPACES
26	NX-TR-CUR-HMO-CAP-CDE	5	5	249 - 253	AN	X(5)	
27	NX-TR-CUR-BENEFIT-INO	5	5	254 - 258	AN	X(5)	VALUES S0000 G0000 H0000
28	NX-TR-BATCH-NUM	4	4	259 - 262	AN	X(4)	
29	NX-TR-PGM-STAT-CDE	3	3	263 - 265	AN	X(3)	
30	NX-TR-PR-DISENROLL-ESN	2	2	266 - 267	AN	X(2)	
31	NX-TR-CURR-DISENROLL-RSN	2	2	268 - 269	AN	X(2)	
32	NX-TR-EXT-TYPE-CDE	1	1	270 - 270	AN	X(1)	
33	NX-TR-CNTY-RESID	2	2	271 - 272	AN	X(2)	
34	NX-TR-PR-SOURCE-CHNG	4	4	273 - 276	AN	X(4)	
35	FILLER	10	10	277 - 286	AN	X(10)	
36	NX-TR-PHONE	10	10	287 - 296	AN	X(10)	
37	NX-TR-LANG-CDE	1	1	297 - 297	AN	X(1)	
01	NX-TR-TRAILER	297	297	GROUP			REDEFINES EXOTR-MC-RECORD
02	NX-TR-TRAILER-NUM	12	12	1 - 12	AN	X(12)	VALUE '999999999999'
03	NX-TR-TRAILER-IND	1	1	13	AN	X(01)	VALUE 'Z'
04	NX-TR-TAPE-DATE	8	8	14 -21	AN	X(08)	YYYYMMDD FORMAT
05	NX-TR-FREQUENCY-IND	1	1	22	AN	X(01)	VALUE 'W' OR 'M'
06	FILLER	3	3	23 - 25	AN	X(03)	
07	NX-TR-MC-HMO	3	3	26 - 28	AN	X(03)	
08	NX-TR-HMO-NAME	19	19	29 - 47	AN	X(03)	
09	FILLER	9	9	48 - 56	AN	X(09)	
10	NX-TR-TOTAL-COUNT	9	9	57 - 65	NU	9(09)	
11	FILLER	232	232	66 - 297	AN	X(232)	

FORMAT BI=BINARY PD=PACKED DECIMAL NU=NUMERIC AN=ALPHA NUMERIC

B.3.3 Managed Care Medicaid Encounter Claims EMC Manual NOT INCLUDED IN ELECTRONIC VERSION

B.4.0 PROVISION OF HEALTH CARE SERVICES

B.4.1 Benefit Packages

The services delineated on the following pages must be provided by the contractor.

**NEW JERSEY CARE 2000+BENEFIT PACKAGE FOR MEDICAID AND
NJ FAMILYCARE PLANS A, B, AND C**

1. Primary care

- a. all physician services, primary and specialty. "Physicians' services," whether furnished in the office, the enrollee's home, a hospital, a nursing facility, or elsewhere, means services furnished by a physician (M.D. or D.O.):
 - i. within the scope of practice of medicine or osteopathy as defined by New Jersey State law or laws of the state in which the service is being provided; and
 - ii. by and under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.
- b. in accordance with State certification/licensure requirements, standards, and practices, primary care may also include:
 - i. certified nurse midwife -- a registered professional nurse who meets the following requirements:
 - is currently licensed to practice in New Jersey as a registered professional nurse;
 - is legally authorized under New Jersey State law or regulations to practice as a nurse-midwife;
 - except as provided in Subsection a.iv., has completed a program of study and clinical experience for nurse-midwives, as specified by the State.
 - ii. certified nurse practitioner -- a licensed professional nurse who meets New Jersey's advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all registered nurses and is certified by the State Board of Nursing.
 - iii. clinical nurse specialist -- a licensed professional nurse who meets New Jersey's advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all registered nurses and meets the specific qualifications for the designated nursing specialty and is certified by the State Board of Nursing; and
 - iv. physician assistant. A person who holds a current valid license issued by the New Jersey Board of Medical Examiners to practice as a physician assistant in New Jersey pursuant to N.J.A.C. 12:35-2B.
- c. services rendered at independent clinics. "Clinic Services" means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a

facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients:

- i. services furnished at the clinic by or under the direction of a physician or dentist;
 - ii. services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address; or
 - iii. services furnished at the clinic that are nurse-midwife services.
2. **Preventive health care and counseling** and health promotion including referrals to WIC programs
3. **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program services** means:
- a. preventive pediatric health care;
 - b. screening and diagnostic services to determine physical or mental defects in beneficiaries under age 21; and
 - c. health care, treatment, and other measures to correct or ameliorate any defects and conditions discovered.

See Article 4.2 for program requirements. EPSDT program services also include non-legend drugs, ventilator services in the home, and private duty nursing when indicated as a result of EPSDT screening. "Private Duty Nursing" means nursing services for enrollees who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital. These services are provided:

- a. by a registered nurse or a licensed practical nurse;
 - b. under the direction of the enrollee's physician; and
 - c. to an enrollee in one or more of the following locations:
 - i. his or her own home; or
 - ii. a hospital.
4. **Emergency medical care** - 24 hours/day, 7 days/week
5. **Inpatient Hospital Services**, including Rehabilitation Hospitals and Post-acute Care Facilities. The contractor shall be responsible for inpatient hospital costs of enrollees with a dual diagnosis (physical plus mental health/substance abuse condition) whose primary diagnosis is not mental health or substance abuse related. "Inpatient hospital services" means services that:
- a. are ordinarily furnished in a hospital for the care and treatment of inpatients;

- b. except in the case of nurse midwife and podiatric services, are furnished under the direction of a physician;
- c. are furnished in an institution that:
 - i. is maintained primarily for the care and treatment of patients with disorders other than mental diseases;
 - ii. is licensed or formally approved as a hospital by an officially designated authority in the State in which the hospital is located;
 - iii. except in the case of medical supervision of nurse-midwife services, meets the requirements for participation in Medicare as a hospital; and
 - iv. has in effect a utilization review plan, applicable to all Medicaid patients.

A rehabilitation hospital facility licensed by New Jersey to provide medical rehabilitation services means a facility that:

- a. provides therapy services for the primary purpose of assisting in the habilitation/rehabilitation of disabled individuals through an integrated program of:
 - i. medical evaluation and services; and
 - ii. psychological, social or vocational evaluation and services; and
- b. is operated under competent medical supervision.

6. **Outpatient Hospital Services** is defined as preventive, diagnostic, therapeutic, or palliative services that:

- a. are furnished to outpatients;
- b. except in the case of nurse-midwife services, are furnished by or under the direction of a physician or dentist;
- c. are furnished by an institution that:
 - i. is licensed or formally approved as a hospital by an officially designated authority for State standard-setting; and
 - ii. except in the case of medical supervision of nurse-midwife services, meets the requirements for participation in Medicare as a hospital.

7. **Laboratory Services** means professional and technical laboratory services:

- a. ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by State law or ordered by a physician but provided by an independent laboratory;
- b. provided in an office or similar facility other than a hospital outpatient department or clinic; and
- c. furnished by a laboratory that meets the requirements of CLIA and the requirements for participation in Medicare.

All laboratory testing sites providing services under this contract have either a Clinical Laboratory Improvement Act (CLIA) certificate of waiver or a certificate of registration along with a CLIA identification number. Those providers with certificates of waiver will provide only the types of tests permitted under the terms of their waiver. Laboratories with certificates of registration may perform a full range of laboratory services.

8. **Radiology Services** - diagnostic and therapeutic means professional and technical radiological services
9. **Prescription drugs**
 - legend drugs
 - non-legend drugs covered by the Medicaid program

"Prescription drugs" means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance, that are:

- a. prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her professional practice as defined and limited by federal and State law;
 - b. dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and
 - c. dispensed by the licensed pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.
10. **Family planning services** means those services necessary for the delay or prevention of pregnancy, pregnancy testing and counseling and follow-up care for complications associated with contraceptive methods issued by the family planning provider. Also includes, but is not limited to sterilizations, defined as any medical procedures, treatments, or operations for the purpose of rendering an individual permanently incapable of reproducing.

Elective induced abortions (and related services) and infertility treatment services are excluded;
11. **Audiology Services**, including diagnostic, screening, preventive, corrective services, and any necessary supplies and equipment, provided by an audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within his or her practice under State law.
12. **Podiatrist Services:** excludes routine hygienic care of the feet, including the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, in the absence of a pathological condition.

13. **Chiropractor Services** includes only services that:
- a. are provided by a chiropractor who is licensed in New Jersey or in the state in which he/she practices; and
 - b. consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State Medicaid program to perform and meets standards issued under 42 CFR 405.232(b).
14. **Optometrist Services** -- an optometrist is an individual who is licensed by the New Jersey State Board of Optometry to engage in the practice of optometry, or licensed to engage in the practice of optometry in the state in which he/she performs such functions.
15. **Optical Appliances** - Artificial eyes, lenses, frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist.
16. **Hearing Aid Services** – The provision of hearing aids, hearing aid accessories, ear mold impressions, routine follow-ups and adjustments, and repairs after warranty expiration.
17. **Home Health Agency Services** means services that are provided to an enrollee:
- a. at his or her place of residence, excluding a hospital, nursing facility, or intermediate care facility; and
 - b. on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days.
- Services include: nursing services by a registered nurse and/or licensed practical nurse; home health aide service; medical supplies and equipment, and appliances suitable for use in the home; and audiology services.
- Home Health Agency Services must be provided by a home health agency that is licensed through the Department of Health and Senior Services as a home health agency and meets Medicare participation requirements.
18. **Hospice Agency Services:** Provided by an agency that meets Medicare certification requirements.
19. **Durable Medical Equipment (DME)/Assistive Technology Devices** in accordance with existing Medicaid regulations.
20. **Medical Supplies**
21. **Prosthetics and Orthotics** (delivered by licensed and/or ABC accredited providers) including certified shoe provider services. "Prosthetic devices" means replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by State law to:

- a. artificially replace a missing portion of the body;
- b. prevent or correct physical deformity or malfunction; or
- c. support a weak or deformed portion of the body.

“Orthotic appliances” means a device or brace prescribed by a physician or other licensed practitioner within the scope of his/her practice as defined by State law for the purpose of providing support, increased function, and overcoming physical impairment or defects.

- a. a brace includes rigid and semi-rigid devices used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

22. **Dental Services:**

These include preventive, diagnostic, major and minor restorative, endodontic, surgical, and adjunctive services, orthodontia, and periodontia, and prosthodontia, provided by or under the supervision of a dentist in the practice of his or her profession, including treatment of:

- a. the teeth and associated structures of the oral cavity; and
- b. disease, injury, or impairment that may affect the oral or general health of the enrollee.

Medical and surgical services of a dentist provided by a doctor of dental medicine or dental surgery are services that:

- a. if furnished by a physician, would be considered physician's services;
- b. may be furnished either by a physician or by a doctor of dental medicine or dental surgery; and
- c. are furnished by a doctor of dental medicine or dental surgery who is authorized to furnish those services in New Jersey or in the state where he/she practices.

23. **Organ Transplants**--medically necessary organ transplants including, liver, lung, heart, heart-lung, pancreas, kidney, cornea, intestine, and bone marrow including autologous bone marrow transplants.

24. **Transportation Services** including ambulance, medical intensive care units (MICUs), and invalid coach (including lift equipped vehicles) for any in-plan service or out-of-plan service. Transportation includes expenses for transportation and other related travel expenses determined to be necessary by DMAHS to secure medical examinations and treatment for an enrollee. Lower mode/livery transportation will be the financial responsibility of the contractor if the contractor refers a patient to an out of county or out of State provider when the services could have been rendered in-county/in-State within the contractor's network.

Note: for SSI individuals requiring transportation by invalid coach who choose to see a provider outside of their county of residence, the contractor will not be responsible for furnishing transportation in such situations.

25. **Post-acute care** - rendered at acute care hospital or nursing facility for 30 days or less for inpatient rehabilitation services. Must be a Medicaid participating provider.
26. **MH/SA Services** – Mental health services include but are not limited to comprehensive intake evaluation; off-site crisis intervention; family therapy; family conference; psychological testing; and medication management. See Medicaid provider manuals for detailed service list.

B.4.2 HealthStart Guidelines

HEALTHSTART

COMPREHENSIVE MATERNITY CARE SERVICES

PROGRAM GUIDELINES

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INTRODUCTION

In 1985, Governor Kean directed his Office of Policy and Planning to develop a series of initiatives capable of addressing New Jersey's most pressing health problems. Consistent with this directive, a new health care program for low-income women and children was conceptualized and presented in the Governor's 1986 State of the State message. Enabling state legislation for the new services program, HealthStart, was signed into law on May 4, 1987 and first implemented in February 1988. The goal of HealthStart is to reduce the incidence of low birthweight and infant mortality and to improve child health status by offering unique comprehensive packages of maternal and child health services for pregnant women and children throughout New Jersey who are eligible for Medicaid.

HealthStart is a Medicaid program. However, as specified in the legislation, the planning and implementation of HealthStart is a joint effort of the Department of Health and Senior Services and the Department of Human Services. The Department of Health and Senior Services is delegated responsibility for development and updating of program standards and guidelines, issuance of provider certificates, and evaluation and quality assurance.

Two expanded, enriched Medicaid service programs are offered through HealthStart: comprehensive maternity care and preventive pediatric care.

Only the Comprehensive Maternity Care, a cohesive package of services, will be described, herein, the features are:

- presumptive eligibility by those providers who are eligible and approved;
- initial, subsequent, and postpartum comprehensive assessment;
- development and maintenance of a Plan of Care for each patient;
- medical care services including 15 prenatal and 1 postpartum ambulatory care visits recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM) standards, medical delivery and postpartum in-patient services, and admission arrangements for delivery;
- case coordination services including identifying a case coordinator for each patient and vigorous follow-up, support and advocacy;
- nutrition assessment, basic guidance, and counseling;
- social/psychological assessment, basic guidance, and counseling;
- health education assessment and instruction;
- home visits (as needed), for preventive health care and high risk;
- 24 hour access to emergency medical and case coordination services; and

- linkage with pediatric care, WIC for mother and baby, future family planning and other needed services.

HealthStart is the result of the cumulative efforts of many diverse groups and individuals who participated in the planning and development process. The HealthStart regulations and guidelines are the product of the work of staff from the HealthStart Project, Department of Human Services, Department of Health and Senior Services, and health care professionals throughout New Jersey and in other states. Special appreciation is due to the New Jersey health care professionals who participated on the Services and Providers Technical Advisory Panel and its sub-groups. Another special note of thanks is due to the out-of-state experts who provided valuable ideas, commentary and service manuals. The guidelines are designed to assist providers with implementation of the regulations, and should be read and utilized in conjunction with the regulations.

During 1994 and 1995, a subcommittee of the Department of Health and Senior Services Parental and Child Health Advisory Committee was convened to review the "HealthStart Guidelines 1989." The subcommittee was comprised of a cross section of HealthStart provider's professional staff, and HealthStart Program staff from the Department of Health and Senior Services and Department of Human Services. Revisions recommended by the subcommittee have been incorporated into this document.

HEALTHSTART COMPREHENSIVE MATERNITY CARE SERVICES

HEALTHSTART COMPREHENSIVE MATERNITY CARE SERVICES

OVERVIEW

The primary objective of HealthStart comprehensive maternity care services is to provide Women in New Jersey with comprehensive package of care which addresses all areas of their lives likely to affect their pregnancy outcomes and the health of their infants. In order to assure that the HealthStart program meets this objective, regulations and guidelines have been developed which emphasize that services be structured and function as a single package.

The services are a "package" in the sense that ONE primary provider, (individual or organizational entity) is responsible for coordinating all of the services and ensuring that they are delivered in the appropriate fashion. When the maternity care package is offered by two or more providers, they will designate one of them as having primary responsibility .

The services are also a "package" in the sense that mechanisms for coordination among them and continuity over time are built into the program requirements and guidelines. These mechanisms include case coordination; comprehensive initial, periodic, and postpartum assessment; development and implementation of a written Plan of Care; and an initial orientation for all patients concerning the process and content of prenatal care and their rights and responsibilities. Case coordination refers to activities designed to provide the client with care that is continuous, well- integrated, and tailored to her individual needs, and includes active follow-up activities designed to insure that the plan of care is being followed and revised as needed.

The service package contains two major components: medical and health support services. The medical component includes obstetrical prenatal, intrapartum and postpartum care services. Health support services include: case coordination, health education, nutrition and social/psychological services and home visits.

Certain principles have guided development of the program regulations and guidelines. Stating these principles will assist the provider to implement the spirit as well as the requirements of the maternity care package.

1. The primary provider carries the RESPONSIBILITY for insuring that services are available, accessible, and that the client understands the need for and is supported to receive early and continuous maternity care. In keeping with the principle, the provider is responsible for minimizing all potential barriers to services such as, but not limited to, waiting time, financial, language barriers, physical distance, and/or fragmentation, etc.
2. The services are to be delivered in a manner which encourages the client to take a more ACTIVE ROLE in her own health care. All efforts to inform the client about the content and process of maternity care, related health matters, and her rights and responsibilities serve this objective, as do any efforts to help her improve her planning, communication, and problem solving skills. Vigorous outreach and follow-up provides crucial social support necessary for behavior change towards a more active role as an informed health care consumer.

3. The services are to be **COMPREHENSIVE** so that any aspect of the woman's life that is likely to Impact on birth outcomes and infant health status is assessed and appropriate services provided or obtained.
4. The services need to be well **COORDINATED** and **CONTINUOUS**.
5. Services are to be delivered in a manner recognizing and supporting the **INDIVIDUAL CHARACTERISTICS** of the client, such as age and cultural background. Implementation of this principle includes but is not limited to assessment of the client's characteristics, lowering of language barriers, and adapting health education, nutrition and social/psychological services, whenever possible, to fit the client's particular values, abilities, and family social structures.

The guidelines for the maternity care service package include these sections: Obstetrical Care, Case Coordination Services, Health Education Services, Nutrition Services, Social/Psychological Services, Plan of Care, Home Visits, Outreach and Evaluation.

The comprehensive assessment of the maternity patient includes all service areas and has features common to all areas. In each service area, an outline of topics/information to be collected is provided for each phase of the assessment.

All information to be collected in each service area is to be recorded in the patient's record using the same tool for all patients. The record should be legible and include information necessary to fully disclose the kind and extent of service provided, signed with the provider credentials and dated. It is the provider's responsibility to decide on an assessment tool(s),

The main purpose of the assessment is to identify the patient's level of risk for a poor birth outcome so that appropriate proactive management can be initiated.

Risk criteria are included in the obstetrical, social/psychological, nutritional, and health education assessments, most criteria being found in the obstetrical assessment.

The patient's overall level of risk must be assessed based on all risk factors identified and the Plan of Care written and implemented accordingly.

Below is a summary of the service package, including which basic services must be provided for all patients as opposed to which specialized services must be provided only to patients who need them.

Basic Services:

Medical:	Initial prenatal, 14 subsequent prenatal and 1 postpartum visit (including level of risk assessment)
Case Coordination:	All services for all patients;
Health Education:	Assessment, including level of risk, (initial, subsequent and postpartum) and basic instructions;

Nutrition:	Assessment, including level of risk, (initial, subsequent, and postpartum) and basic guidance;
Social/Psychological:	Assessment, including level of risk, (initial, subsequent, and postpartum) and basic guidance;
Plan of Care:	Initiated during first visit and maintained (ongoing) for each patient.
Specialized Services:	
Medical:	Additional visits that are medically indicated.
Health Education:	Instruction guidance-decision making,
Nutrition:	Specialized assessment and counseling as needed,
Social Psychological:	Specialized assessment and counseling as needed.
Home Visit:	If indicated, at least one prenatal and one postpartum, to patients identified as high risk, needing skilled nursing care or preventive health care,

ORGANIZATIONAL STRUCTURE

The organizational requirements permit many models for structuring HealthStart services (see Appendix for figures).

HEALTHSTART OBSTETRICAL SERVICES

HEALTHSTART OBSTETRICAL SERVICES

INTRODUCTION

The program guidelines for maternity obstetrical services include the following sections: Frequency of Prenatal Visits, Initial Prenatal Visit, routine laboratory tests, Subsequent Prenatal Visits, Special Screening tests, Delivery Services, and Postpartum Visits.

Obstetrical services shall be provided and coordinated by a physician and/or a certified nurse midwife and/or, when physician collaboration exists, a certified nurse practitioner/clinical nurse specialist (CNP/CNS). All services are to be recorded in the patient chart.

ACKNOWLEDGMENT

Initial and ongoing assessment of the patient status and attention to risk factors are the key components of the antepartum care.

These program guidelines are based on medical services recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM) standards, and are printed with the permission of the respective College.

Frequency of Prenatal Visits:

The frequency of prenatal visits should be determined by a woman's individual needs and risk factors. Generally, for an uncomplicated pregnancy the frequency should be every four weeks during the first twenty-eight weeks; then every two to three weeks until thirty-six weeks of gestation; and weekly thereafter; or in accordance with standards recommended by the American College of Obstetrics and Gynecologists (ACOG) and/or the American College of Nurse Midwives (ACNM). Additional prenatal visits for medical and/or obstetrical complications should be scheduled as needed.

During the Initial Prenatal Visit an obstetrical data base should be established for the patient that includes a comprehensive health history, information on the current pregnancy, a family and social history, the findings of a physical examination, the results of laboratory procedures, and RISK ASSESSMENT. The content shall include:

HISTORY - FAMILY: major medical problems, diseases, genetic disorders, multiple births; **PERSONAL:** medical, surgical, diseases, hospitalizations, surgery, chronic illnesses, allergies, transfusions, hepatitis B; **REPRODUCTIVE/GYNECOLOGICAL:** disorders, menstrual history, listing of all pregnancies and their outcomes/complications, DES exposure, contraceptive and sexual history, confirmation of present pregnancy and gestational status; **SUBSTANCE USE:** alcohol, tobacco, drugs, medications (OTC, prescription); **BEHAVIORAL/ENVIRONMENTAL:** occupation, employment history, exposure to chemicals, physical activity; **NUTRITIONAL:** review of nutrition assessment, pre-pregnant weight, change in diet, eating of non-food items, supplements, deficiencies; **SOCIAL/PSYCHOLOGICAL:** review of social/psychological assessment, history of mental disorder, environment, family, support person, presence of support from significant other, emotional state concerning pregnancy.

COMPREHENSIVE PHYSICAL EXAMINATION – weight, blood pressure and other vital signs: head and neck: chest -lungs. Heart, breasts, nipples: abdomen - fundal height, fetal presentation, **fetal heart location and rate after 1st trimester**, extremities – edema, peripheral circulation, skeletal abnormality: pelvic examination – cervix, pelvic configuration and capacity, uterine size and shape, rectum.

RISK ASSESSMENT -Assessment of risk factors should be completed on initial visit and subsequent visits, throughout the pregnancy. Based on the findings of the history and physical examination a risk assessment tool (see appendix for sample tool) should be utilized for indicating any risk factors and to identify patients "at risk" of poor-pregnancy outcomes that may require special management. Medical "at risk" should be determined by the obstetrical care provider based upon recognized professional standards of care and sound clinical judgement.

These factors must include but are not limited to:

Obstetrical History: Age under 18 or over 34: two (2) or more spontaneous or induced abortions; fetal/neonatal/post neonatal death(s); SIDS death(s); previous preterm labor or premature births; previous SGA or low birth weight infant: previous birth nine (9) pounds or more; previous gestation of 42 weeks or more; previous personal or family history of multiple births; previous obstetrical complications (antepartum hemorrhage, pregnancy induced hypertension, cesarean birth, PROM, thromboembolic, incompetent cervix); previous operations on the uterus or cervix (other than routine D&C); pelvic, uterine or cervical abnormality affecting positive pregnancy/delivery outcomes; previous infant with major congenital or chromosomal anomaly; previous isoimmunization; previous infertility.

Medical History: Pre-existing conditions such as: diabetes; renal or lung disease: heart disease; hypertension; metabolic disorder; seizure or other neurologic disorder: autoimmune condition; hemoglobinopathy; neoplastic disease; personal or sexual partners history of sexually transmitted disease(s) or multiple sexual partners; history of other non-GYN surgery; history of potential hereditary disorder.

Current Pregnancy Status: Interpregnancy interval less than (1) year: inadequate prenatal care: multiple pregnancy: maternal use of prescription drugs early in pregnancy: maternal use of drugs, alcohol, tobacco; maternal exposure to radiation, organic solvents, heavy metals: gestational diabetes; pregnancy induced hypertension/eclampsia; sexually transmitted disease(s); poor or excessive weight gain: hyperemesis: abnormal uterine bleeding; spontaneous premature rupture of membranes: oligo or poly hydramnios: decreased uterine size: anemia: potential for Rh or ABO incompatibility: rubella negative titer.

RISK MANAGEMENT - Identification of high risk factors may require special management. The obstetrical care provider shall determine the appropriate management of care including specialized consultation and/or transferring the patient's care to another facility and/or provider. This shall be documented in the patient's record. The obstetrical care provider shall inform the pediatrician of identified risk factors that may have significant impact on the fetus.

ROUTINE LABORATORY TESTS –

NOTE: Human Immunodeficiency Virus (HIV) information, counsel and testing shall be offered to ALL pregnant women on a routine basis (Public Laws of 1995, Chapter 174, July 7, 1995). A Department of Health and Senior Services "inform consent" form (see appendix) must be completed for each patient and retained as a permanent part of patient's medical record. Also: **FYI** -Many recent studies have found bacterial vaginosis (a condition resulting from a major shift from the normal lactobacilli of the vagina. to a high concentration of mixed bacteria) to be a risk factor for increased infant mortality. Bacterial vaginosis has long been considered as a nuisance problem and has been associated with preterm delivery of low birth weight infants independently of other risk factors.

Complete urinalysis, cultures, sensitivity, as indicated;
Complete blood count;
Rh factor, blood typing (Rh negative patients require additional screening);
Antibody screening for irregular antibodies;
Serological test for syphilis;
Culture for gonorrhea;
Papanicolaou smear;
Hepatitis (HBs Ag);
Rubella antibody screen, as indicated;
Tuberculin test for high-risk populations (i.e., close contact with a diagnosed case or from Department of Health designated high-risk areas).

PROCEDURES - (at initial or subsequent visits as indicated)

Ultrasonography;
Amniocentesis;
Appropriate genetic counseling and testing;
Non-stress test/Contraction stress test;
X-ray pelvimetry;
Other procedures as medically indicated.

SCREENING TESTS - As medically indicated:

Hepatitis B surface antigen (at 28 weeks);
Toxoplasmosis titer;
Herpes culture;
Chlamydia culture;
Group B Beta hemolytic - Strep culture;
Cytomegalovirus test;
HIV antibody screening (as recommended by the Department of Health and Senior Services), with pre-counseling and post-counseling and a Department of Health and Senior Services "informed consent" form. (See appendix);
Maternal serum alpha fetoprotein (at 16-18 weeks);
Culture for gonorrhea (at 36 weeks);
Sickle cell (Hemoglobin electrophoresis or equivalent).

Subsequent Prenatal Visits

NOTE: Chorionic villi testing and/or amniocentesis shall be offered to all women thirty-five (35) years of age or over. These tests shall be provided or arranged for as indicated by risk and maternal consent.

REVIEW OF PLAN – support/provide maternal education on feeding of newborns with counseling and support for breast feeding; instruction on breast self examination; discussion of postpartum future family planning; status of referrals; instruction on admission for delivery; **arrangement for delivery at appropriate facility (32-36 weeks no later than 36 weeks);** introduction to labor and delivery unit; **transfer of medical record (32-36 weeks).**

INTERIM HISTORY - Signs/symptoms - bleeding, edema, headaches, dizziness, poor diet, activity/exertion/rest, signs of preterm labor; progress/changes -fetal movement; concerns/questions.

PHYSICAL EXAMINATION Vital signs; weight gain/loss; varicosities/edema: **fetal presentation -tape measurement of fundal height, fetal heart rate;** pelvic examination (at 36 weeks or as indicated).

LABORATORY TESTS -Urinalysis for glucose, acetone and/or nitrates, albumin (at each visit); Blood glucose (at 24-28 weeks); Hemoglobin/Hematocrit (at 28 weeks); Serological test for syphilis (at 28-36 weeks); Rh titer (at 28-32 weeks. if indicated) (Note: Rhogam at 28 weeks, if indicated]; Additional testing as medically indicated.

Delivery Services

Obstetrical delivery and patient treatment during postpartum stay provided directly or by previous arrangement.

Postpartum Visit

The postpartum visit shall be provided within four-six (4-6) weeks after delivery (or sooner if indicated).

HISTORY - Review of prenatal, labor, and delivery record: bleeding, discharge, bowel movements, urination, incision, breast infant feeding, activity test, diet, headaches, dizziness.

PHYSICAL EXAMINATION – weight, blood pressure and other vital signs: breast nipples; inspection and/or palpation as indicated; abdominal including incision; pelvic: vaginal muscle tone, signs/symptoms of infection, uterine size and tenderness, cervix, lochia. Perineum/episiotomy; lower extremities; edema. varicosities: further examination as medically indicated.

LABORATORY TESTS - Hemoglobin/Hematocrit; Papanicolaou smear (if more than 9 months since the last test); other tests as medically indicated, based on prenatal, labor, delivery and postpartum course.

PARENT/INFANT ASSESSMENT - Review social/psychological, health education, home visit(s) reports; status of infant feeding with encouragement/support for breast feeding; linkage with pediatric care: patient counseling and treatment -future family planning (prescription for contraceptive device as indicated), sexual activity, return to work, limitation(s) on activity.

REFERRAL/CONSULTATION - As indicated.

HEALTHSTART HEALTH SUPPORT SERVICES

HEALTHSTART HEALTH SUPPORT SERVICES

INTRODUCTION

Health Support services include:

- Case Coordination Services - a mechanism for providing the patient with continuous, coordinated, and well integrated comprehensive services to meet the individual's needs throughout the prenatal and postpartum period.
- Health Education Services - a mechanism for providing education instructions according to the content of a standard "Curriculum Guide" basic to pregnancy, birth and infant care and for providing basic guidance for making and implementing decisions which are likely to affect birth outcomes and infant health, growth and development.
- Childbirth Education - a mechanism for providing a course which includes content in accordance with the standards of a national organization devoted to childbirth education.
- Nutrition Services - a mechanism for providing nutrition services at two levels. These levels: BASIC (assessment, guidance, referral) and when needed, SPECIALIZED (assessment, counseling and referral are provided for review and reinforcement of nutrition and dietary needs and to identify nutritional risk factors.
- Social/Psychological Services - a mechanism for providing social/psychological services at two levels. These levels: BASIC (assessment, guidance and referral) and when needed, SPECIALIZED (assessment, counseling and referral) are provided to identify those patients in need of additional services that are most likely to be related to poor outcomes.
- Home Visit Services - a mechanism for assessing, supporting, and advocating for receipt of preventive health care, high risk care and skilled nursing care services (based on clinical judgement of appropriate clinicians or staff) which can best be delivered in the home setting.
- Outreach Services - a mechanism for providing services aimed at individuals as well as those aimed at reducing system wide barriers that affect the enrollment process to facilitate early entry into maternity services and to encourage continuity of care.
- Comprehensive Assessment - a mechanism for including all service areas with features common to all areas. In each service area an outline of topics/information to be collected is provided. **The PURPOSE of the assessment is to identify the patient's level of risk for a poor birth outcome so that appropriate proactive management can be initiated.** Risk criteria are included in the obstetrical, social/psychological, nutritional, and health education, assessments, with most criteria being found in the obstetrical assessment. The patient's overall level of risk MUST be assessed based on ALL risk factors identified and the Plan of Care written and implemented accordingly.

- Plan of Care - document with integrated sections (medical, nutrition, social/psychological and health education) to record identified level of risk(s) for a poor birth outcome so that appropriate proactive management can be initiated by the appropriate provider.
- Evaluation, Monitoring, and Quality Assurance - a mechanism for three inter-related activities (that will be initiated at the beginning of the program and continued on an ongoing basis) to assess the degree and success of program implementation, operation, conformance with established standards, and impact throughout the State.
- Maternity Services Summary Data Form (MSSD) - an instrument (form, see Appendix) that has been created specifically for the program to capture information (collect data) on HealthStart services.
- Documentation -a mechanism for writing, signing, credentialing and dating care provided to the patient. Shall be legible, adequate and sufficient as are necessary to fully disclose the kind and extent of services provided (see reimbursement rates in appendix).

All information collected is to be recorded (documented) in the patient's record using the SAME tool for all patients. It is the provider's responsibility to decide on a record and assessment tool(s).

This section of the program guidelines for Health Support Services, include the following: Criteria; Staffing; Follow-up; Referrals; Plan or Care; Health Support Prenatal Activities with Assessments; Initial, Subsequent, Specialized, Basic Guidance and Counseling; Home Visits; Outreach; Health Support Postpartum Activities; Evaluation, Monitoring, and Quality Assurance.

CRITERIA

Case Coordination Services - A case coordinator is to be assigned to each patient at the first/registration/enrollment visit and case coordination services shall be provided throughout care. PARAPROFESSIONAL HEALTH WORKERS (licensed practical nurse, LPN etc.) can effectively assist with case coordination services under the supervision of the case coordinator.

Plan of Care - A document (see appendix) with integrated sections (medical, nutrition, social/psychological. and health education) shall be developed no later than one (1) month after the first enrollment visit and reviewed/updated throughout care.

Health Education Services - Health education assessment and instruction shall be provided to ALL patients (according to contents of a standard "Curriculum Guide" (see appendix). Basic guidance for making and implementing decisions basic to pregnancy, birth, and infant care shall be provided on an individual basis.

Childbirth Education - A childbirth education course shall be provided or arranged for ALL patients. Patients who have received this education during a previous pregnancy may be offered a "refresher" course.

Nutrition Services - BASIC nutrition services (assessment, guidance and referral) shall be provided for ALL patients. SPECIALIZED nutrition services (assessment, counseling and referral) shall be provided to those identified as in need of additional services.

Social/Psychological Services - BASIC social/psychological services (assessment guidance and referral) shall be provided for ALL patients. SPECIALIZED social/psychological services (assessment, counseling and referral) shall be provided to those patients identified as in need of additional services.

Home Visit Services - All patients must be assessed to determine the need for a home visit. If it is determined that the visit would be effective and meet agency's criteria for "preventive health care" and "high risk" a prenatal and/or a postpartum home visit (at least one) should be provided. All visits are subject to the clinical judgement of the case coordinator in conjunction with the medical care provider and other appropriate clinicians.

Outreach Services -Outreach activities shall be focused at ensuring early entry into maternity care and include efforts aimed at individuals as well as those aimed at reducing system wide barriers that effect the enrollment and retention process.

Evaluation, Monitoring, and Quality Assurance -These three inter-related activities shall be initiated at the beginning of the program by the provider and Department of Health and Senior Services staff and continue on an ongoing basis to assess program implementation,

operation, conformance with established standards, and impact throughout the State. Appropriate tool(s) standard protocol should be utilized.

Maternity Services Summary Data Form (MSSD) - is to be submitted on each client who has received any HealthStart services including those services provided under code HFCA W9029 (see appendix). The form should be complete to the point of termination of HealthStart services to the client. Staff must be trained by the New Jersey Department of Health and Senior Services HealthStart staff. Maternity Services Summary Data Forms are due in DHSS Program no later than ninety (90) days after termination of HealthStart services.

STAFFING (*Required minimum qualifications*)

Case coordination -Individuals providing any phase of case coordination activities shall have the following required minimum qualifications: a New Jersey license as a medical care professional (physician, certified nurse midwife, advance practice nurse (certified nurse practitioners/clinical nurse specialists, CNP/CNS), a registered nurse, a social worker with a New Jersey social work certificate/license, or a Bachelor's degree in a health, or behavioral science, or in Nutrition/Dietetics which meets the American Dietetics Associations R.D. educational requirements.

Health Education Services -Individuals providing the health education services shall meet the same minimum requirements as indicated above for case coordination and/or shall be a certified childbirth educator instructor.

Nutrition Services - Individuals providing the BASIC nutrition assessments (initial, subsequent, postpartum and including risk assessment, guidance and referral) shall meet the required minimum qualifications as indicated above for case coordination. **Individuals shall be referred for SPECIALIZED assessment and counseling services to an individual with a Bachelor degree in nutrition/dietetics that meets the American Dietetics Association's R.I educational requirements.**

Social/Psychological Services -Individuals providing the BASIC social/psychological assessment (initial, subsequent, postpartum, guidance, and referral) shall meet the required minimum qualifications as indicated above for case coordination. **Individuals shall be referred for SPECIALIZED social/psychological assessment and counseling services to an individual with a Bachelor's degree and a New Jersey social work license/certificate.**

Home Visit Services -Shall be provided by the appropriate clinicians or staff with the required minimum qualifications as indicated above for case coordination, or by written agreement, Home visit assessment can be done by a referral to a Local Health Department or Certified Home Health Agency under written agreement with the provider to complete home visits.

Outreach Services -Outreach can be provided by the HealthStart agency or through linkage with community-based organizations like coalitions, churches, local public and private organizations or various educational media.

Evaluation, Monitoring, and Quality Assurance -This component is conducted by the HealthStart agency's staff and Department of Health and Senior Services staff. However, staff

who prepare the Maternity Services Summary Data (MSSD) form (see appendix) must be trained by the Department of Health and Senior Services HealthStart staff.

FOLLOW-UP (*Prenatal, Postpartum*)

Follow-up on missed appointments (prenatal and postpartum) is an important part of provider-based case coordination activities. Providers are expected to make every effort to follow-up with patients who miss appointments as long as there is a reasonable chance of retaining the patient in maternity care.

At a minimum, the follow-up for any missed appointment(s) shall include but not be limited to the following steps, AS NEEDED:

- send appointment reminders and/or;
- make attempts to reach the patient by phone;
- send letters (receipt requested if applicable); and/or
- make at least one home or community-based follow-up visit.

REFERRALS (*Prenatal, Postpartum*)

When a referral is initiated, the case coordinator shall assist the patient to assure that the patient understands the nature and purpose of the referral.

To assure timely completion of referrals, the case coordinator or staff member under her/his supervision should:

- know if the referral has been completed;
- assist the patient to identify barriers to completing the referral; and
- provide support to the patient and advocacy with the referral service unit(s) for reducing or eliminating the barriers to completion.

To implement follow-up on referrals, activities include but not are limited to the following steps, AS NEEDED:

- follow-up with the patient during prenatal visits;
- phone calls to the patient and/or referral service unit;
- letters to patient or referral service unit or where appropriate community-based agency;

PLAN OF CARE

Development of an integrated (medical, nutrition, social/psychological, and health education) plan of care, into ONE DOCUMENT, (see appendix) shall be completed no later than one (1) month after the first/registration/enrollment visit. The plan of care shall include: identification of risk conditions/problems, need(s), planned intervention(s), time frame(s), outcome objective(s), identification of care provider(s) responsible for the service(s) and plans for referral and follow-up activities.

Review and updating of the plan of care should be ongoing throughout the prenatal period with the patient and in consultation with professional staff involved in the patient's care.

The review includes but is not limited to examination of continuation of maternity care services (e.g. timely occurrence of patient visits): patient's health status (including medical, nutritional, and social/psychological status, and health education needs) patient's receipt of ALL basic services, needed specialized service, and initiation and timely completion of referrals: and identification of and arrangements for appropriate home visits if indicated (see home visit section).

HEALTH SUPPORT PRENATAL ACTIVITIES AND ASSESSMENTS

Case Coordination - (see appendix) Shall be provided to ALL HealthStart patients, includes, but is not limited to:

During the first/registration/enrollment visit, to orient the patient to content and process of the comprehensive maternity care services including, what services will be provided as part of comprehensive maternity care (prenatal, intrapartum, and postpartum), including medical, laboratory, nutrition, psychosocial, health education, case coordination, home visit and outreach; who will provide these services; e.g., physician, nurse, midwife, advance practice nurse, registered nurse, social worker, nutritionist, health educator; where to go for services; e.g. private office, private or hospital lab, independent clinic, hospital, local health department, WIC program, county welfare agency, family planning; when to go for services; e.g., timing of routine visits, childbirth education classes, prenatal health education classes, Medicaid determination, family planning, WIC; and if problems arise WHOM to contact and HOW to contact this person or avail herself of a service.

Additionally case coordination activities include:

Informing the patient about her rights and responsibilities (see appendix) regarding maternity care, both verbally and in writing. Monitoring and facilitate the patient's entry into and continuation with Maternity Care Services. Assisting patient in obtaining presumptive eligibility determination and monitor application for final Medicaid eligibility, when applicable. Assisting the patient to identify and provide advocacy which will assist in the reduction of barriers to continued care including waiting time, and fragmentation of services. Vigorous, follow-up for missed appointments in order to assure that patients continue prenatal care as long as there is a reasonable chance of retaining the patient in maternity care. Contact information shall be compiled during the patient's first/registration/enrollment visit and updated at each subsequent visit. Reinforcement and supporting health teachings as needed, and coordinate professional and/or paraprofessional staff to provide these services.

Coordinating: - development of the Plan of Care and ongoing reviews/updates; services with other agencies e.g. WIC, Local Health Department, Certified Home Health Agency, coalitions, etc.; the assessment to identify the need for home visit(s) and prepare a written referral for the home visit(s) which includes the general and specific purposes and objectives of the visit(s), client characteristics, timeframes, and other pertinent

information; obtain a written summary report **(within two week of the referral)** on each home visit completed which includes date, provider agency title and name of visitor, activities conducted, outcome(s), and any pertinent information gained about the client, Infant and home environment. For ongoing home visiting, the case coordinator should confer with the home visitor(s) to review the case.

Arranging case conferences and/or consultation with the obstetrical care provider and other professional staff as appropriate. Coordinating preparation of and completion of the Maternity Services Summary Data Form (MSSD) (see appendix). Reviewing, monitoring, and updating the individual records at each visit in order to assure that all services provided are legibly documented in the patient record, as necessary to fully disclose the kind and extent of services provided, signed, credentialed and dated and that pertinent copies, e.g. (referrals P.E. FD 334 form, consultations. laboratory', reports. etc.) are contained on the record.

Health Education - (see appendix) Shall be provided but not limited to:

Completing, for ALL HealthStart patients, an INITIAL health education assessment by reviewing existing information from other areas of assessment, and/or compiling general educational information (e.g. spoken language(s), education level, topics/information of immediate interest, previous and/or other health education, information, or experience concerning pregnancy, birth, infant care, and parenting).

Providing health education INSTRUCTION according to a standard "Curriculum Guide" (see appendix). All topics should be covered with modifications depending on the timing of the patient's entry into prenatal care.

Providing or arranging for a full "Childbirth education" course **(at no cost to patient)** for all patients. This course shall include content in accordance with the standards of a national organization devoted to childbirth education. A "refresher" course can be provided for patients who have received childbirth education during a previous pregnancy.

Provide individual guidance for making and implementing decisions basic to pregnancy, birth, and infant care including but not limited to: changes in activity level (work, exercise, sex), changes in lifestyles (smoking, alcohol, substance abuse, environmental/occupational hazards), preparations for admission, infant care, pediatric care, and future family planning.

Plan for patient to see a/the specialist(s) if indicated.

Nutrition - (see appendix)

BASIC nutrition assessment (initial, subsequent and postpartum) using the "WIC/HS" form (see appendix), and guidance shall be provided to ALL HealthStart patients and shall include but not limited to INITIAL Nutrition Basic Assessment (including "risk" assessment) review of data from other parts of the assessments (particularly the results of laboratory tests), nutritional history, prenatal weight (including maintaining the "weight gain chart" HS-17 4/95), dental, eating disorders, metabolic conditions, special diets,

medications, etc., nutritional inadequacies (24 hour dietary recall and/or assessment of food frequency for at least one week of time), appetite, fluid intake, pica, cravings, snacking, cultural, religious, myths, allergy, substance usage, alcohol, smoking, etc., GI discomforts, food preparation and refrigeration, household routines and activity level, assess for participation in "Food Supplement Programs".

All assessment information must be used (but is not limited to) in order to identify nutritional "risk factors", develop the "plan of care", and to identify the need for the nutrition specialists.

Plan (if indicated) for patient to see the nutritionist specialist.

A "New Jersey State Department of Health and Senior Services WIC/HealthStart Referral/Nutrition Assessment For Women Form" (see appendix), should be completed for the basic nutrition assessment and used for the initial referral to a WI agency on all patients. If the patient is currently participating in the WIC program, maintain the completed form (all three copies) in the record.

SUBSEQUENT Nutrition Basic Assessment -includes but is not limited to: review of nutrition of mother, ongoing review for referral to food supplementation programs, monitoring weight gain (using a standard weight gain grid, (see appendix) concerning adequate, inadequate, or excessive weight gain, review plans for infant nutrition and information patient has of myths, advice. etc. and specifics for implementing infant feeding (breast/bottle).

Plan for patient to see the nutritionist specialist if needed.

NUTRITION Guidance Basic -shall be composed of but not limited to, providing information on the general relationship of nutrition to positive pregnancy outcomes, instruction on food purchase, storage, and preparation, infant feeding and nutrition needs focused on assisting the patient to assess, choose and prepare to implement a feeding method, review a reinforcement of other nutrition and dietary counseling services, significance of referral to a participation in food supplementation programs.

Plan for patient to see the nutritionist specialist if needed.

SPECIALIZED Nutrition Assessment and Counseling -"Short term" specialized nutrition services shall be delivered by an appropriately credentialed nutritionist. The nutrition assessment and counseling shall be initiated (based on basic assessment and the patient individual needs and in consultation with the medical care provider) at least for those patient having an inadequate or excessive weight gain, diabetes, pre-eclampsia, pica, anemia of pregnancy, chronic diseases or disabilities which complicate present pregnancy, impair dietary intake, dental conditions, inadequate food supply, etc.

EXTENSIVE -If the specialized nutrition services needed are extensive (e.g. highly complicated and/or intensive) they may be delivered by referral to the nutrition specialist on the provider's staff, or by referral, or by a combination of referral and the nutrition specialist. Referral for extensive specialized nutrition services must be initiated by the medical care, provider or the nutritionist under the supervision of the medical care

provider in coordination with the case coordinator based on clinical judgment and the following considerations:

- complexity and intensity of services needed;
- resources available at the HealthStart provider;
- availability of off-site specialized nutrition services, and
- accessibility of off-site specialized nutrition services.

Social Psychological – (see appendix)

BASIC social/psychological assessments (initial- including risk assessment subsequent and postpartum and BASIC social/psychological guidance shall be provided to ALL HealthStart patients and shall include but not be limited to:

INITIAL Social/psychological Basic Assessment (including "risk" assessment) -Review of existing information from other areas of assessment, client's perception of her IMMEDIATE needs or other needs, financial information and resources (**do not repeat this information if it has already been obtained. e.g. through presumptive eligibility (see appendix) determination, etc.**), services currently received or applied for e.g. Medicaid, WIC, DYFS, other health or social services etc.; living conditions their perception), dwelling, neighborhood, clothing, food, furniture, supplies etc.; family, personal and social support system their perception) e.g. needs, children, father of baby, friends, parents, relatives, religious program(s), other organization(s), etc.; attitudes and concerns (perceptions/reactions to) view of this pregnancy, feelings positive/negative, overall status, hospitalization, mental status; major stress events within past year, e.g. death, illnesses substance abuse (self/someone close), abuse/neglect (physical/sexual); criminal justice system involvement; separation or divorce; other traumatic event of self or someone close; education and employment goals/needs/plans; work experience, status, occupation, environmental hazards/problems; child/care arrangements (current and planned).

All assessment information must be used (but not be limited to) in order to identify social/psychological "risk factors", develop the "plan of care", and identify the need for the social worker specialist.

Plan for patient to see the social worker specialist if needed.

SUBSEQUENT social/psychological (see appendix) Basic Assessment -This assessment should utilize the same outline as the initial assessment. The focus should be on any major areas that could not be assessed initially, obtaining additional information needed, and updating the assessment of any major area. As with the initial assessment, subsequent assessment should result in identification of risk factors and a decision whether to provide further basic guidance or specialized assessment and counseling.

Plan for patient to see the social worker specialist, if needed.

Basic social/psychological GUIDANCE –includes: initial orientation and information on available community resources based upon the individual's needs, and should include specific information (names, telephone numbers) on emergency and non-emergency services in the area of financial assistance, mental health, housing, family violence and abuse, transportation, child care, education, substance abuse rehabilitation, infant clothing/equipment/care, and parenting education support etc, referral, follow-up, support and advocacy for basic social services, orientation on stress and stress reduction and relationship of stress to pregnancy outcomes.

Plan for patient to see the social worker specialist, if needed.

SPECIALIZED social/psychological (see appendix) assessment and counseling -"Short term" specialized social/psychological services shall be delivered by an appropriately credentialed social/psychological specialist. The social/psychological assessment and counseling shall be initiated (based on assessment and the patient's individual needs and in conjunction with the medical care provider) at least for those patients having the following, but not limited to situations: highly ambivalent, denying and/or rejecting of this pregnancy; history or suspected, mental health problems, developmental delay, handicaps or substance abuse, sexual/physical abuse or violence to/in patient or household; involvement with criminal justice system; serious social conflicts; weak or no social support system; other recent major (patient's perception) stressful or life events; homelessness or pending or age 16 or less at time of delivery.

EXTENSIVE -If the specialized social/psychological services needed are extensive (see appendix) (e.g. highly complicated and/or intensive) they may be delivered by referral to an appropriately credentialed social/psychological specialist on the provider's staff, or by referral, or by a combination of referral and the social/psychological specialist. Referral for extensive specialized social/psychological services must be initiated by the medical care provider or the social/psychological specialist under the supervision of the medical care provider and in coordination with the case coordinator and shall be based on clinical judgement and the following consideration:

- complexity and intensity of services needed,
- resources available at the HealthStart provider.
- availability of off-site specialized social/psychological services, and
- accessibility of off--site specialized social/psychological services.

Home Visits (*Preventive Health Care, High Risk Needs and/or Skilled Nursing Care*)

Home visits are an important and integral part of maternity care, particularly when serving a low- income population. Home visits should only be used to provide services which can best be delivered in the home setting and are particularly useful for patients who have special needs/risks which require assessment and intervention in the home, who have difficulty remaining involved in maternity care services, and/or who have difficulty implementing and adhering to health instructions and advice. Home visits are most effective when conducted by a visitor who is already familiar to the patient and who provides continuity across visits and should be coordinated with other services being delivered by the provider or by other community service settings.

Visits can be by an appropriately credentialed professional or paraprofessional team members, depending on the following consideration:

- the specific purpose of the visit;
- the skill and characteristics of professional and paraprofessional staff available; and
- the characteristics of the client and her level of rapport with various staff.

The provider shall provide or arrange for at least one prenatal home visit for patients **IDENTIFIED** as needing preventive health care: with specific need(s) and/or skilled nursing care during the initial or subsequent prenatal assessment.

Additional home visit(s) shall be provided or arranged for the patients with specific need(s), risk(s) if it is determined that visit(s) would be effective based on the clinical judgement or the case coordinator in conjunction with the medical care provider and other appropriate clinicians.

If a patient is receiving these services in her home from another agency(ies), the case coordinator may substitute those services for the required home visit. The case coordinator shall then coordinate services with the other agency(ies) and document the information in the patient's record.

"High Risk Care" Home Visit(s)

Patients shall be identified as high risk for the purpose of determining a prenatal home visit based on (but not limited to) the following criteria and subject to the clinical judgement of the case coordinator in conjunction with the medical care provider and other appropriate clinicians; inability and/or lack of motivation to follow the prescribed plan of care; significant handicapping condition which effects ability to comply with the plan of care; new, persistent, and/or chronic, uncontrolled medical problem(s) which affect the pregnancy; identified current nutritional problems not responding to treatment; social high risk such as: alcohol or substance abuse, patient involvement with abuse/neglect, weak or no social supports, unstable or chaotic home environment; serious parenting inadequacies exhibited or suspected; current mental health problems; maternal age of 16 or less at the time of delivery with additional risk factor(s).

"Preventive Health Care" Home Visits

Home visits for preventive health care may be provided directly by a professional HealthStart provider staff or may be implemented by written agreement between the HealthStart provider and a local health Department or independent, perinatal outreach team. A team approach consisting of health professionals and paraprofessional outreach workers is an effective way to provide continued preventive care home visits. However, it is important that staff continuity be maintained for home visits to any one patient.

Patients may benefit from a prenatal "Preventive Health Care" home visit indicators may include: inability and/or lack of motivation to follow the prescribed plan of care; patients who exhibit or are suspected of serious parenting inadequacies; patients who demonstrate significant difficulty understanding and following instructions and/or linking with needed services; consecutive missed appointments and/or chronic missed appointment; the need to further assess to gain valuable information about the client's home environment, family/household system, the client, and the newborn infant; provide support and

reinforcement of health teachings and advice to help the client assimilate and understand previous instructions and advice, and to assist the patient to practice and implement new health practices in her home environment; provide support and advocacy for social/psychological and other service needs and to establish linkages with services, arrangements for transportation and/or child care; accompany the patient as her advocate/supporter, act as an interpreter, provide informal counseling, and information and referrals on community resources to meet those need; the need to

Increase trust, rapport and communication with the patient to increase the willingness and ability to utilize maternity care services and adhere to the plan of care.

"Skilled Nursing " Care Home Visits

These visits are for patients with diagnosed, documented medical needs that are best met in the home setting, need skilled nursing services and health teaching.

Home visits for skilled nursing care arranged through referral to certified home health agencies. These visits must receive prior authorization from the Medicaid District Office and are reimbursable under the current Medicaid system, separate from HealthStart. Skilled nursing care visits must meet the criteria set by the New Jersey Medicaid program. The case coordinator should arrange and coordinate these visits and facilitate obtaining the required written medical orders.

COMMUNITY OUTREACH

The general purpose of "Community" outreach is to facilitate early entry into maternity services and to encourage continuity of care. Community outreach services include efforts aimed at individuals as well as those aimed at reducing system wide barriers that effect the enrollment process. Also, community-based individuals could provide information on the importance of prenatal care and encourage early client enrollment.

HealthStart providers who are in private practice settings are likely to benefit from becoming involved in outreach through linkage with community-based organizations that have established outreach services, or formalized assessment and planning for agency-based outreach. Outreach efforts include the following activities: Assessing socio-demographic characteristics of client population, educational levels, age, cultural and ethnic backgrounds and primary language spoken and/or read. Developing an outreach plan that will be culturally sensitive in order to effectively' communicate with community groups. Identifying community resources and develop appropriate linkages with coalitions. Being aware (knowledgeable) of various local public, private, and social organizations and health agencies, e.g. churches, teen groups, women's organizations and business groups, etc. Distribute and display HealthStart informational materials and identifying information HealthStart certificate, posters, etc.) in such a way, the clients are aware that the provider is certified as a HealthStart provider. Distribute give-aways that are donated by local business community.

Form a local speaker's bureau of key individuals from private and public organizations to publicize maternity care services. These presentations could include "testimonials" from maternity clients on the value of prenatal care. Develop partnerships with community-based organizations, coalitions and churches in planning various maternity care outreach activities

such as volunteer community action campaigns, educational sessions, "Health Fairs", "Bring a Friend to Prenatal Care", "Baby Showers", etc. and develop ways to work cooperatively in the areas of outreach.

HEALTH SUPPORT POSTPARTUM ACTIVITIES

Case Coordination

The case coordinator shall arrange and coordinate one contact preventive health care activity for ALL patients during the time after hospital discharge and prior to the required four – six (4 - 6) weeks medical visit after delivery.

This postpartum activity shall be documented (see appendix for sample tool) in patient's record, include but not be limited to:

Review of mother's health status; review of infant's health status; review of mother-infant interaction; assess the need for any additional services; assess the need for a home visit(s) and as appropriate provide or arrange for a home visit for mothers or infants **IDENTIFIED** as high risk; arrange for one regular medical provider/clinic visit at four - six (4-6) weeks after delivery; arrange to obtain the "Labor, Delivery, and postpartum Hospital Summary" record no later than two (2) weeks after hospital discharge, review and then incorporate into the patient's record; arrange linkage/referral of the patient to the appropriate service agencies, e.g. WIC, pediatric care, family planning, and other social and health services, such as Special Child Health Services Case Management Units, etc; arrange for the transfer of pertinent information or records to continuing service providers notable pediatric care and family planning service providers; vigorous follow-up on missed appointments (same guidelines as for the prenatal period), reinforce and support health teachings for mother and baby (same guidelines as for the prenatal period; review, completion and CLOSE of the plan of care; submit if applicable, the Maternity Services Summary Data Form (MSSD), (see Evaluation, Monitoring and Quality Assurance section and appendix) within the required time frame to the Department of Health and Senior Services, Maternal Child Health, Epidemiology program, HealthStart program.

Health Education

This postpartum activity shall include but not limited to:

Review of previous assessments and patient record; review of health education curriculum; identify and answer patient's questions concerning infant care and development and postpartum maternal care; identification of patient's remaining needs; address remaining needs by referral or direct provision of services; follow-up on decisions from third trimester e.g. preparations for basic infant care, pediatric care for infant, future family planning services, and other continuing Medical and Dental care; review, completion and CLOSE of the plan of care.

Nutrition

This postpartum activity shall include but not limited to:

Review of MOTHER'S current nutritional status and needs, ideal perceived body weight, nutrient inadequacies (24 hour recall and/or assessment of food frequency for at least one week of time, fluid intake, pica cravings/consumption, snacking patterns, appetite as described by patient/appetite changes, allergy/food intolerance, typical seasoning and condiment/food avoidance, food preferences, cultural/religious food practices, type of nutrient supplements, prescribed or self-prescribed, nutrient/drug interactions and nutrient/nutrient interactions, gastrointestinal discomforts, e.g. nausea, vomiting, heartburn, constipation, diarrhea, flatus, substance usage (alcohol, caffeine, prescription medications, over the counter drugs, illegal drugs, smoking) activity level exercise, work, family), household routines for food purchases, meal preparation and consumption, including takeout food, cooking and refrigeration facilities.

Review, of INFANT'S current nutritional status and needs, linkage with WIC and pediatric care infant feeding, method(s) of feeding and specifics of implementing methods) e.g. frequency of feedings, food intake (including bottle contents) feeding positions, person(s) responsible for feedings, any problems, mother's reactions to method and feeding, infant's reactions and health indicators, household's member's responsibilities and reactions to feeding, advice, myths, information, and support from family/friends, nursing bottle mouth and fluoridation supplementation; and review, completion and CLOSE of the plan of care.

Social/Psychological

This postpartum activity shall include but not be limited to:

Review of other postpartum assessment and patient record concerning pregnancy, labor, delivery, postpartum course and infant's health; client's perception of her IMMEDIATE needs; client's perception of other needs; relationship of mother and baby; assessment of mother/infant interaction including emotional and verbal responsivity of mother and realistic expectations toward infant and signs of postpartum depression; family/household acceptance of baby and other family household dynamics; mother's perception of father's acceptance of infant, siblings reactions to infant, reactions of other household members and close family to infant, impact of infant on mother/father relationship, impact of infant on mother/sibling relationship, views of infant care and rearing in her family and household; mother's goals/needs; general coping/emotional status; school/work (including childcare arrangements); identification of need for additional social and psychological services e.g. parenting education and support, infant equipment and supplies, financial assistance, food, clothing, housing, utilities, transportation, mental health services, drug or alcohol rehabilitation, AIDS counseling and support systems, other; referral for identified need; and review, completion and CLOSE of the plan of care.

Home Visit

This postpartum activity shall include but not be limited to:

Providing or arrangement for a postpartum home visit for preventive health care, high risk care, or skilled nursing care where it is determined that visit would be effective based on the clinical judgement of the case coordinator in conjunction with the medical care provider and other appropriate clinicians.

If the patient is receiving the necessary services in her home from another agency, the case coordinator may substitute those services for the required home visit. The case coordinator shall then coordinate services with the other agency and document the information in the patient's record. Patients shall be identified as needing high risk care for the purpose of determining a postpartum home visit based on the following criteria:

Patients IDENTIFIED as high risk prenatally with unresolved medical, nursing, health education, nutritional, and/or social/psychological problems; patients developing risk factors AFTER delivery, or when hospital discharge e.g. postpartum infections, depression, or other crisis situations; those that maternity or nursery staff request postpartum follow-up prior to hospital discharge; patients who have infants with continuing health problems, e.g. premature delivery, very low birth weight, NICU placement, feeding problems, and/or other needs.

Patients shall be identified as needing preventive health care for the purpose of determining postpartum home visit based on the following criteria:

Patients who exhibit or are suspected of serious parenting inadequacies; patients who demonstrate significant difficulty understanding and following instructions and/or linking with needed services-

HEALTHSTART EVALUATION, MONITORING, AND QUALITY ASSURANCE

OVERVIEW

The purposes of the evaluation are twofold:

- 1) to determine, both on a short-term and long-term basis: how successful the state has been in providing the program to the population of pregnant women and children up to the age of two who are eligible for Medicaid benefits; whether providers are delivering the services that they have agreed to provide; what the barriers are in delivering the HealthStart comprehensive services; and for those who receive services in the HealthStart program, whether the program is or is not effective.
- 2) To use information as it is acquired through evaluation activities to reinforce aspects of the comprehensive maternity services that are functioning well; and correct problems that are hampering the achievement of program goals.

Together, monitoring and quality assurance make up the process component of the evaluation. Through the monitoring function the program's progress, strengths, and weaknesses will be assessed. This information will be used to address problems in program operations. The majority of information will be obtained from routinely collected sources of data, e.g. Medicaid eligibility, claims and encounter data, the electronic birth certificate (EBC) and the HealthStart Maternity Services Summary Data Form (MSSD), etc.

Through the quality assurance function direct training of providers, review with feedback, programmatic modifications, and retraining of personnel involved with HealthStart will be conducted. Due to the interactive nature of the quality assurance function, the majority of the activities will take place at HealthStart provider sites and regional meetings.

The long-range outcome component of the evaluation will focus on determining whether, and to what extent, the program has had an impact on improving both access to services and health outcomes. Measures include, but are not limited to, trends in the timeliness of prenatal care, the percent of low birthweight and very low birthweight infants, the number of days of care provided to infants in neonatal intensive care units, the infant mortality rate, the frequency of emergency room visits for child health problems, the immunization status of children enrolled in the program, the rehospitalization of children, and the cost effectiveness of the program. These represent some examples of appropriate outcome indicators of program performance that will be used. Much of this information will be obtained from the linkage of vital statistics data (linked-birth and death and fetal death records), Medicaid eligibility, claims data and encounter data, hospital data, and the HealthStart MSSD form.

To evaluate the Health Start comprehensive maternity services, a quasi-experimental research design will be used. The research will be both cross-relational, enabling snapshot examinations of a cohort of clients or providers at given points in time, (e.g. percent of pregnant women receiving first trimester prenatal care in 1985, 1986, 1987, 1988, 1989, etc.), and longitudinal, allowing follow-up of clients and providers (e.g. onset of prenatal care through birth and infant outcomes and linkage of children with pediatric providers).

The study population will include pregnant women and children up to the age of two who are residents of the State of New Jersey. In general, comparisons will be made between low income pregnant women and children who are at or below 185% of the Federal poverty who receive HealthStart comprehensive services. Trends in health outcomes will be made among all pregnant women, infants, and children up to the age of two in the State of New Jersey. This would include those who were Medicaid-HealthStart, Medicaid non-HealthStart, and non-Medicaid clients. The effectiveness of HealthStart services under the managed care system will also be evaluated. This will be done by comparing outcomes of those who receive HealthStart services through a managed care provider with the outcomes of those who did not.

Providers will be most directly involved with the process component of the evaluation. Though monitoring and quality assurance activities will be conducted for both pediatric and comprehensive, maternity care services, the emphases of the activities are somewhat different.

EVALUATION ACTIVITIES

Collection:

Analysis of data includes the areas of eligibility, reimbursement, provider agreements, specific service arrangements, client utilization of services, content of services delivered, barriers to service delivery, and client outcomes at the termination of service delivery.

These areas will be analyzed on an annual basis. For years in which data are available, trends will be examined prior to program start-up, at program start-up, and yearly thereafter. In general, data will be analyzed in the aggregate by provider site, county, major municipality, and/or state totals.

The "source" areas for the data area:

Eligibility:	Department of Human Services/Medicaid eligibility files, (both presumptive and standard).
Reimbursement:	Medicaid claims files (HCFA 1500; New Jersey 1500 (electronic only); MC 19) and managed care capitation encounter data.
Provider participation:	Department of Health and Senior Services Comprehensive Maternity Care and Pediatric Provider Applications, and Certificates; Department of Human Services Medicaid claims and encounter data and contracting HMOs for the managed care services.
Client utilization of services:	Department of Human Services, Medicaid claims, Department of Health and Senior Services inpatient hospital (UB 92 claims), HealthStart Maternity Services Summary Data and MC 19 claims files and Medicaid managed care data.
Content of service delivered:	HealthStart Maternity Services Summary Data; Department of Human Services/Medicaid claims and eligibility data; Department of Health and Senior Services hospital discharge, UB files and Medicaid managed care data.
Barriers to service delivery:	HealthStart Maternity Services Summary Data; staff site visit reports and Medicaid managed care focus reports.
Client outcomes at termination of services	HealthStart Maternity Services Summary Data; Department of Health and Senior Services vital statistics data (linked birth-death and fetal death records) linked with Department of Health Hospital Discharge Data, and with Medicaid eligibility, claims and encounter data.

Data Collection Form (HealthStart Maternity Services Summary Data -MSSD)

The HealthStart Maternity Services Summary Data Form is a form that has been created specifically to capture information on HealthStart comprehensive maternity services. A copy of the form has been included in the appendix.

The Maternity Services Summary Data Form is the instrument used to collect information on the content of medical and health support services rendered to clients from the initial contact registration visit throughout the pregnancy and postpartum period. Providers are to submit a HealthStart Maternity Services Summary Data Form on each client who has received any HealthStart comprehensive maternity services including those for which providers would bill using a W9029 code. The form should be complete to the point of termination of HealthStart services to the client. Providers shall have policies that protect the client's information. Each client shall sign an informed consent release of information form (see appendix sample).

The case coordinator is responsible for the completion and submission of the form. All staff who complete any part of the form must be trained in MSSD form completion by the DHSS HealthStart staff.

The HealthStart Maternity Services Summary Data Forms will be submitted within 90 days after the expected date of confinement (EDC) or actual delivery or termination of services at the agency. **Failure to submit data forms complete to the point of termination of services to clients will jeopardize a provider's HealthStart certification status.**

The HealthStart Maternity Services Summary Data Form has been developed as a tool to monitor all aspects of the comprehensive maternity care as defined in the HealthStart Standards, to guide field quality assurance activities, and to determine risk factors, and appropriateness of service provided to clients who have received comprehensive services. The MSSD is a summary of the client's entire course or maternity' care and is not intended to replace a medical record.

PAGE 1 of the form includes demographic information of the client's reason if care began late; and presumptive eligibility information.

PAGE 2 covers the clients final estimated date of confinement, measures of the client's height and weight; prenatal risk factors and or risk conditions in this pregnancy; the client's course of care and services provided in the HealthStart program; whether the client required hospitalization other than for delivery, and if so, the number of times and reasons; the date of hospitalization resulting in delivery; and the client's hospital medical record number at delivery.

PAGE 3 includes information on whether the client was transferred to another prenatal medical provider; whether the client was seen by a specialist in maternal-fetal medicine; whether the client missed any prenatal appointments; whether the client had any special procedures; what barriers to delivery of services to the client were present; what complications of labor and delivery occurred; the method of delivery; whether the client was transferred prior to delivery; pregnancy outcomes; whether arrangements for future family planning services were made; whether any postpartum problems/conditions were present at the four to six week postpartum visit; and dates of service and clinic type if

the client received care at more than one clinic within the same agency or another agency.

PAGE 4 contains information on the birth, (liveborn infant or fetal death), including identifying information, birthweight, pediatric assessment of gestational age, and hospital of birth medical record number and facility identifying information. For live births, PAGE 4 also includes neonatal course of care information; whether the infant was transferred after delivery, nurseries in which the infant received care after delivery, problems which developed during the hospital stay in the nursery(ies), infant outcomes at the client's six week postpartum visit, linkage of the infant with a pediatric preventive health services provider and the funding source(s) of client's care,

Provider training sessions on the use of the MSSD forms will be held by the DHSS HealthStart staff and to insure the quality of data collected, a codebook with instructions for filling out the forms will be issued at the session. The most recent version of the HealthStart Maternity Services Summary Data Form is included in the appendices of this document.

Providers should anticipate that the form will be modified over time. Furthermore, providers should expect to receive feedback on aggregate information obtained from the data that they have submitted.

Monitoring Activities:

Random site visits will be conducted by the New Jersey Department of Health and Senior Services HealthStart staff and may include peer consultants, (i.e. other HealthStart providers or colleagues). The site visit will be a comprehensive review of HealthStart activities, with feedback of both prior and current HealthStart services provided. The following activities will be included:

- Review of both general and HealthStart specific agency policies, procedures, and other administrative aspects of service delivery within the agency.
- Observation of clinic office visits which may include physical examinations, patient care consultations on new or problem clients, sessions on nutrition, health education, social/psychological, case coordination or other aspects of HealthStart comprehensive services.
- Interviews with clients in terms of their participation in and satisfaction with HealthStart services;
- Audits on a random sample of client charts using an established protocol. (This will include all areas of HealthStart comprehensive maternity care services. (e.g. medical, case coordination, nutrition, social/psychological, health education, home visits, assessments, follow-up, referral, plan of care, etc.).
- Interviews and discussions with staff which cover strengths, weaknesses, and barriers to delivery of services to clients. and provide suggestions for overcoming obstacles in delivering HealthStart comprehensive services to clients

- Written review of the organization, delivery, progress, and overall ability of the site in delivering HealthStart comprehensive maternity care services will be completed after a site visit by the DHSS HealthStart staff.

Self-audit:

This quality assurance mechanism is recommended rather than a mandatory activity. However, it will be required for those sites from which a number of clients have been identified as having unmet health care needs. It will be used as one of the methods to assist the sites to improve their delivery of HealthStart services.

Self-audit consists of a review of charts on a monthly basis by members of the comprehensive maternity care sites' HealthStart team, according to an established protocol. Among the recommendations are the following:

- A minimum of 5 percent of current HealthStart client charts should be reviewed on a monthly basis for completeness and accuracy;
- The review should cover all aspects of service delivery as defined in the HealthStart standards and guidelines; it also should include mechanisms for feedback to providers responsible for clients whose charts were reviewed, recommended actions to improve content/service delivery, and follow-up on improvements in the content of medical records;
- The review should include charts for both new and previously enrolled clients;
- A staff member who audits/review the charts should provide the staff member responsible for the clients with feedback about the quality and completeness of the clients records;
- A log containing the completed review protocols on the audited charts should be maintained at the HealthStart site: this should include strengths and deficiencies identified, actions taken, and completeness of records at follow-up review.

Technical Assistance:

For sites that are currently HealthStart comprehensive maternity care providers, every effort will be made to assist in working through problematic aspects of service delivery. Technical assistance may be given at the site visits or at other times, depending on providers need and availability of the Department of Health and Senior Services HealthStart staff and consultants. The need for assistance may be identified either by the provider or by DHSS\HealthStart staff.

Certification. Renewal of certification, and Decertification Procedures:

Certification: This includes the decision-making process to be used to determine which providers are qualified to deliver HealthStart comprehensive services. It begins with the receipt and review of applications for comprehensive maternity care services and may involve telephone calls and/or site visits for clarification of information before final decisions are made.

Renewal of certification: This may/may not involve the same process depending upon the decision making process of DHSS HealthStart staff.

All provider certificates will be renewed every 18 months.

Decertification: This includes the decision-making process to be used to determine infractions leading to loss of the privilege of delivering HealthStart comprehensive maternity services.

Outcome Evaluation Activities:

Evaluation of the health support activities, maternal and infant health outcomes will be conducted by the DHSS Maternal and Child Health Epidemiology staff. Findings will be reported and shared with HealthStart providers.

A. 1985 through program start-up and subsequent years:

Assessment of annual trends (pre/post HealthStart comparisons), for state, counties, and major municipalities of New Jersey will be made. Outcomes to be examined include but are limited to the following:

- Percent low birthweight and very low birthweight infants overall and by client characteristics, location in the state, etc.;
- Birthweight-specific mortality (infant, perinatal, neonatal, postneonatal) overall and by client characteristics, location in the state.

B. Outcome comparisons by year:

Comparisons will be made of HealthStart Medicaid, non-HealthStart Medicaid, and all other non-Medicaid clients, Department of Health and Senior Services vital statistics, matched birth and death files linked to DHSS Hospital Discharge UB files, Department of Human Services Medicaid eligibility, claims and encounter files. The comparisons will be analyzed for the state overall, and by client characteristics, county and municipality of residence and services, etc. Outcomes to be examined with these data include, but are not limited to the following:

- Birthweight-specific mortality (infant, perinatal, neonatal, postneonatal, and early childhood);
- Birthweight-specific length of stay at birth and use of neonatal intensive care units;
- Birthweight-specific rehospitalizations in the first and second years of life;
- Emergency room use in the first and second years of life;
- Cost effectiveness of the HealthStart comprehensive maternity care program.

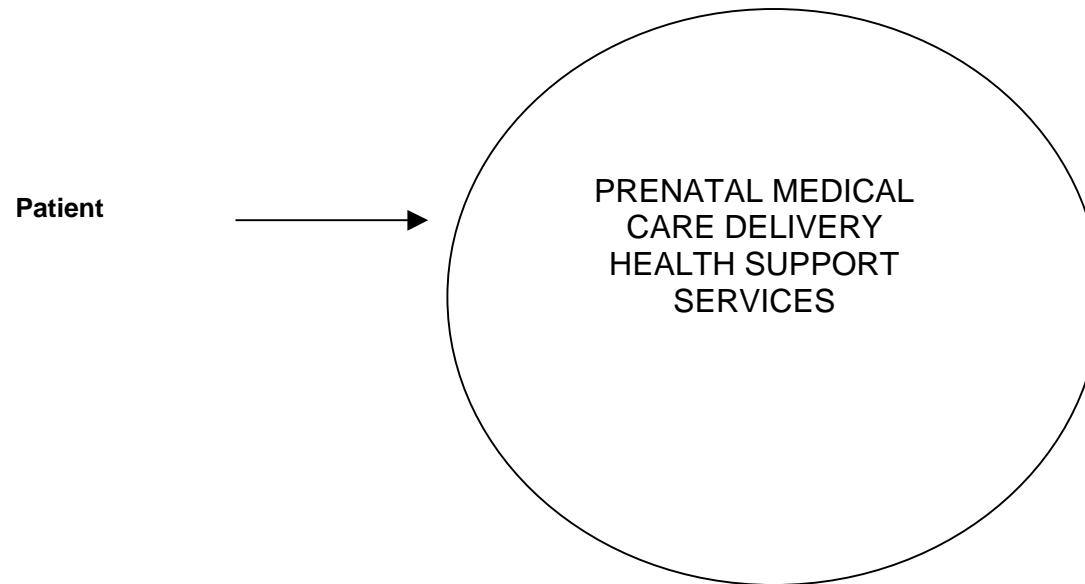
APPENDICES

APPENDICES

1. Comprehensive Organizational Structure Models.
2. Obstetrical Services Risk Assessment Tool Sample.
3. Plan of Care Sample Tool.
4. Health Education Curriculum Guide Sample.
5. Health Education Instruction Check List Sample Tool.
6. Case Coordinator Activities.
7. Health Education Services.
8. Nutrition Services.
9. Social Psychological Services.
10. Patient Rights/Responsibilities.
11. Postpartum Health Support Service/Preventive Health Care Contact Tool.
12. Release Of Information Consent Form Sample.
13. New Jersey Department of Health and Senior Services HIV "REQUIRED" Consent Form.
14. Presumptive Eligibility (PE) FD 334 revised 5/94. *See file HSAPI416.DOC.*
15. WIC HealthStart Forms Number H4383 "HS-8 3/95. *See file HSAP 15.DOC.*
16. Weight Change Form Number H4388 "HS-7 4/95. *See file HSAPI416.DOC.*
17. Recertification Forms (3 Pages "HS-12", 1 Page "HS-9"). *See file HSAP 17.DOC.*
18. Health Support Reimbursement Rates.
19. Obstetrical Care Reimbursement Rates.
20. Maternity Services Summary Data Forms (MSSD) Form "HS-2" Revision dates 5/94 and 12/94). *See file HSAP20.DOC.*

MODEL 1: COMPREHENSIVE MATERNITY CARE – ONE PROVIDER

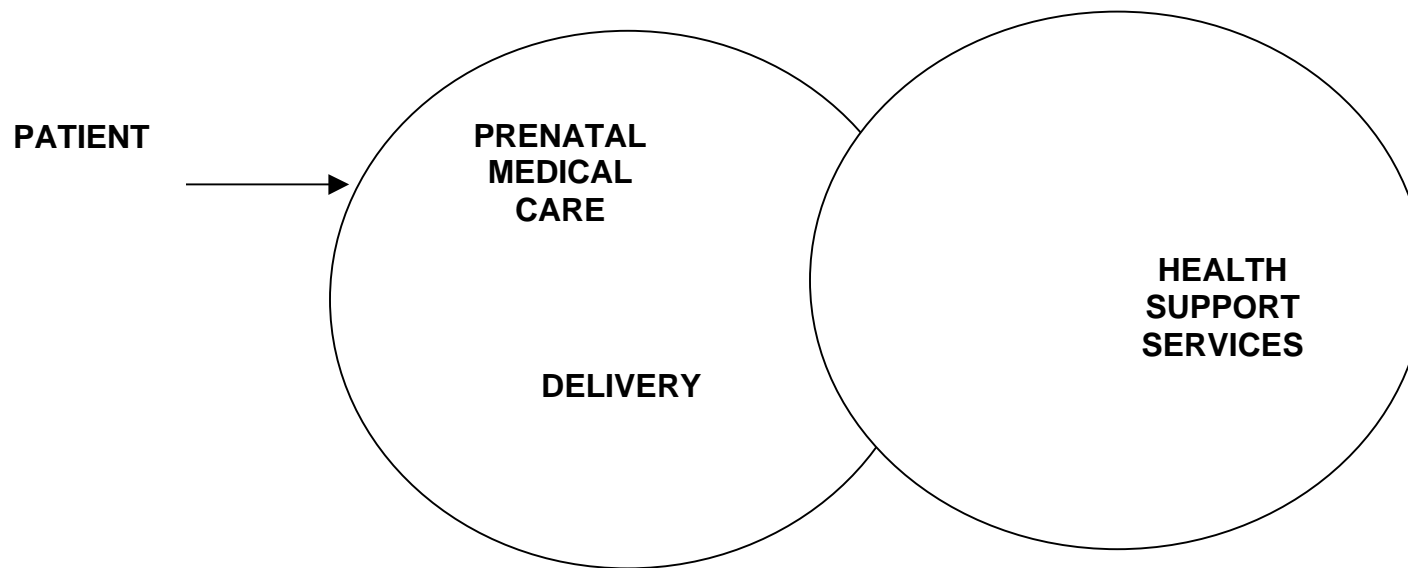
SINGLE SITE PROVIDER



One provider provides the medical and health support services. This is the basic Model involving one provider who delivers the entire maternity care services package. This provider can be agency based or private practice based.

MODEL 2: TWO (2) PROVIDERS AGREE TO JOINTLY PROVIDE COMPREHENSIVE MATERNITY SERVICES

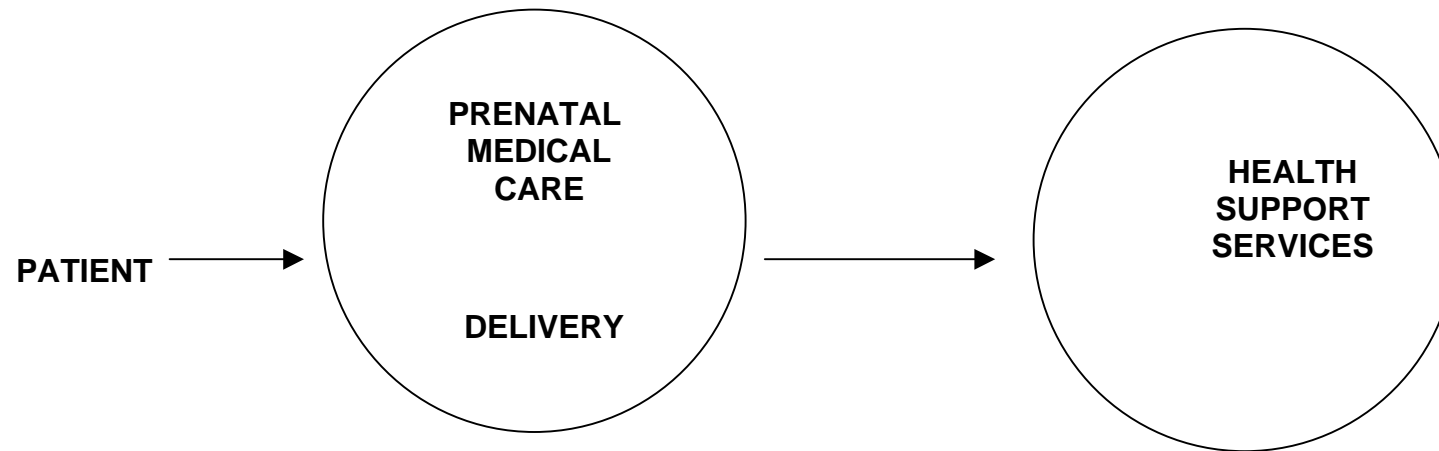
LINKAGE MODEL



One provider agrees to provide the medical component and the other provides the health support services component. For example, a private practice (physician, certified nurse midwife, nurse-practitioner or group of practitioners) may provide the medical component at one site accessible to the patient population, and the health support services may be provided at another site such as a hospital outpatient clinic, local health department, community health center, health maintenance organization, etc.

MODEL 3: ONE PROVIDER WITH AGREEMENT FOR REFERRAL

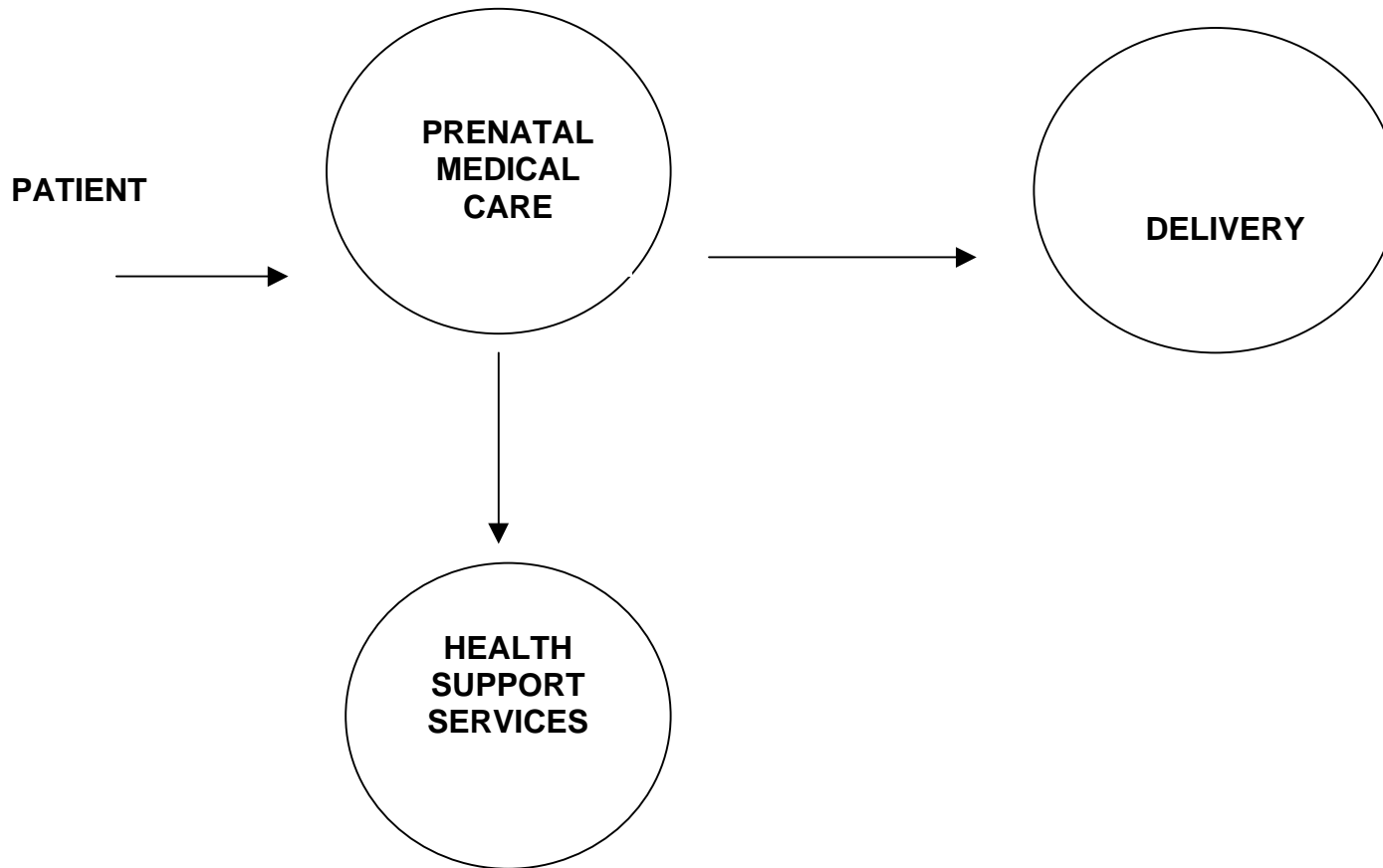
REFERRAL MODEL



A provider refers to another provider for provision of either the medical component or the health support services component. All providers must be recognized and approved Medicaid providers in New Jersey.

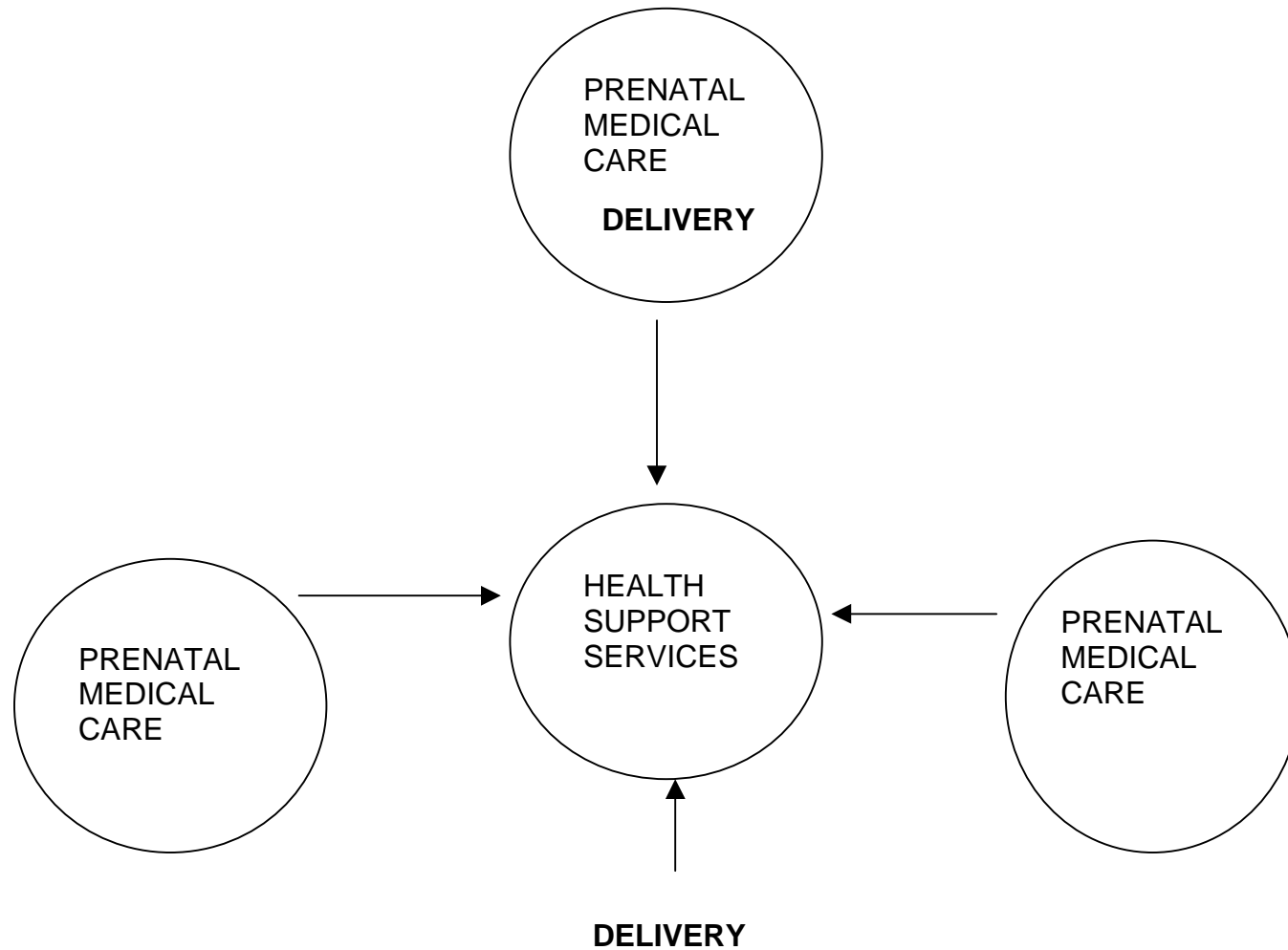
MODEL 4: ONE PROVIDER WITH MULTIPLE REFERRAL AGREEMENTS

MULTIPLE REFERRAL MODEL



This is a combination of Models 1, 2, 3 and hospital of delivery services and health support services. The difference is that the medical care provider for prenatal care services is entirely different than the one providing the delivery service. For example, a family practice physician may provide prenatal care and refer for health support services. The obstetrical care provider for the delivery may be a physician (house resident covering, an attending, and/or on-call physician) or a certified nurse midwife of the hospital generally, but necessarily, used for delivery.

**MODEL 5: CORE REFERRAL PROVIDER
MULTIPLE PROVIDER REFERRAL MODEL**



Providers of both prenatal medical care and delivery services refer to one specific provider for health support services.

OBSTETRICAL SERVICES						
Age	OB/Index	Gravida	Term	Premi	Ab-ECT	Living
LMP	EDC		Corrected EDC			

RISK ASSESSMENT					
<p>Patient may be at increased risk for</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Early Pregnancy Loss <input type="checkbox"/> Fetal Genetic Abn <input type="checkbox"/> Fetal Structural Abn <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Maternal/Fetal Infection <input type="checkbox"/> Isoimmunization <input type="checkbox"/> Size-Date Discrepancy <input type="checkbox"/> IUGR <input type="checkbox"/> Preterm Labor/Delivery </div> <div style="width: 48%;"> <input type="checkbox"/> PIH/Preeclampsia <input type="checkbox"/> Post-term Pregnancy <input type="checkbox"/> Medical Complications <input type="checkbox"/> Surgical Complications <input type="checkbox"/> Management Plan Conflict <input type="checkbox"/> Emotional Difficulty <input type="checkbox"/> Labor/Delivery Difficulty <input type="checkbox"/> Parenting Difficulty <input type="checkbox"/> OTHER </div> </div> <p><input type="checkbox"/> PATIENT NOT AT INCREASED RISK AT INITIAL ASSESSMENT</p> <p>Signature -Date</p>					
RISK ASSESSMENT UPDATES (as indicated)					
Date	GA	Signature	Date	GA	Signature

SAMPLE

SAMPLE

**APPENDIX 3
SAMPLE**

PLAN OF CARE

PATIENT: Mary A. Lawrence - EDC 1/12/95

CASE COORDINATOR: Mary A. Lawrence, RN
10/21/93

Problem	Goal	Intervention/Responsible Person	Outcome
10/20/93 Poor Weight Gain	Increase weight to ____ lbs. by 6 mos of pregnancy	Provide specialized Nut Ed M.L RD Monitor Med Report J.V. MD see Nut notes of 10/20/93	10/22/93 enrolled in WIC program 10/22/93 kept Nut. Appointment 12/10/93 what was approp for gest. Age and ht
10/20/93 Substance Abuse	Refrain from chemical use during pregnancy	Education re: substance use (see HE and SW counseling noted) (Blood and urine test ordered	Attends counseling sessions as planned, follow maintenance program as planned Blood urine completed 10/15/93 Refer to CAC
No problem this trimester			

*This is a sample plan of care.

APPENDIX 4

Health Education Curriculum *(all topics listed should be covered with modifications depending on the timing of the patient's entry into prenatal care.)*

First Trimester

Normal physical and emotional changes during pregnancy.

Fetal growth and development

Normal discomforts during pregnancy, such as nausea, breast changes, frequent urination, tiredness

Examples of warning signs, such as vaginal bleeding, heavy discharge, painful urination, frequent headaches, blurred vision, signs and symptoms of preterm labor

Personal hygiene care including perineal care

Level of activity, such as continuing work and/or education, sexual activity, exercise, and rest

Lifestyle habits, including car safety and avoidance of alcohol, caffeine, tobacco, illegal drugs, and self-prescribed medications

Possible occupational and environmental hazards, such as toxoplasmosis, rubella, x-ray, chemicals

Need for continuing medical and dental care; for minor illnesses and for pre-existing major illnesses, such as diabetes, hypertension

Second Trimester

Readiness for childbirth preparation: including the concept of prepared childbirth, birth partners, identifying tension/stress, exercises for relaxation,

Normal physical and emotional changes during pregnancy

Fetal growth and development

Normal discomforts of pregnancy, such as disrupted sleep patterns, weight gain/loss, muscle cramps, constipation, heartburn, lower abdominal pain

Examples of warning signs, such as: vaginal bleeding, heavy discharge, painful urination, frequent headaches, blurred vision, signs and symptoms of preterm labor, absence of fetal activity

Personal hygiene care including perineal care

Level of activity, including continuing work and/or school, sexual activity, exercise and rest

Lifestyle habits, including, car safety and avoidance of alcohol, caffeine, tobacco, illegal drugs, self-prescribed medications

Possible occupational and environmental hazards, such as toxoplasmosis, rubella, x-ray, chemicals,

Need for continuing medical and prenatal care

Third Trimester

Child birth education course including:

- Labor process, including signs of onset of labor (2-4 weeks before, 2-3 days before, 3 cardinal signs), vaginal delivery and cesarean section
- Management of labor, including prepared childbirth methods, medications, and different types of anesthesia/analgesia during delivery ,
- Visit to hospital where delivery is to be performed

Preparation for hospital admission, including care for older children during hospital stay, hospital routine, what to take to the hospital, and planning for the trip home

Newborn needs and development, including infant crying, sleeping patterns, eating patterns, pediatric care, circumcision, routine newborn screening tests

Preparations for the basic care of the infant including bathing, layette, car seat,

Preparation of the family/household for the infant

Continuing medical care, including the importance of the postpartum visit

Future family planning service needs

Normal physical and emotional changes during pregnancy

Fetal growth and development

Normal discomforts during pregnancy, such as disrupted sleep patterns, weight gain, muscle cramps, constipation, heartburn, lower abdominal or back pain, tiredness

Examples of warning signs such as signs and symptoms of preterm labor, frequent headaches, blurred vision, painful urination, heavy discharge, absence of fetal activity

Level of activity, such as continuing work and/or education, sexual activity, exercise, and rest

Lifestyle habits, including car safety and avoidance of alcohol, caffeine, tobacco, illegal drugs and self-prescribed medications

Postpartum

Review of labor and delivery

Normal physical and emotional changes after the birth, including adjustments to the role of mother, postpartum depression, physical changes of the puerperium, and resumption of menstrual cycle,

Normal discomforts of the mother after the birth

Level of activity after giving birth, including postpartum sexual activity

Lifestyle habits, including avoidance of alcohol, caffeine, tobacco, illegal drugs, and self-prescribed medication

Future family planning information and services

Infant growth and development during the first three months of life

Basic care of the infant including feeding, bathing/diapering, safety, sleeping

Adjustment of the family/household to the new infant

Examples of warning signs for mother and infant which need medical attention

Need for continuing medical care for mother and infant including pediatric care, care of circumcision, prescribed medications-

SAMPLE

SAMPLE

**APPENDIX 5
SAMPLE**

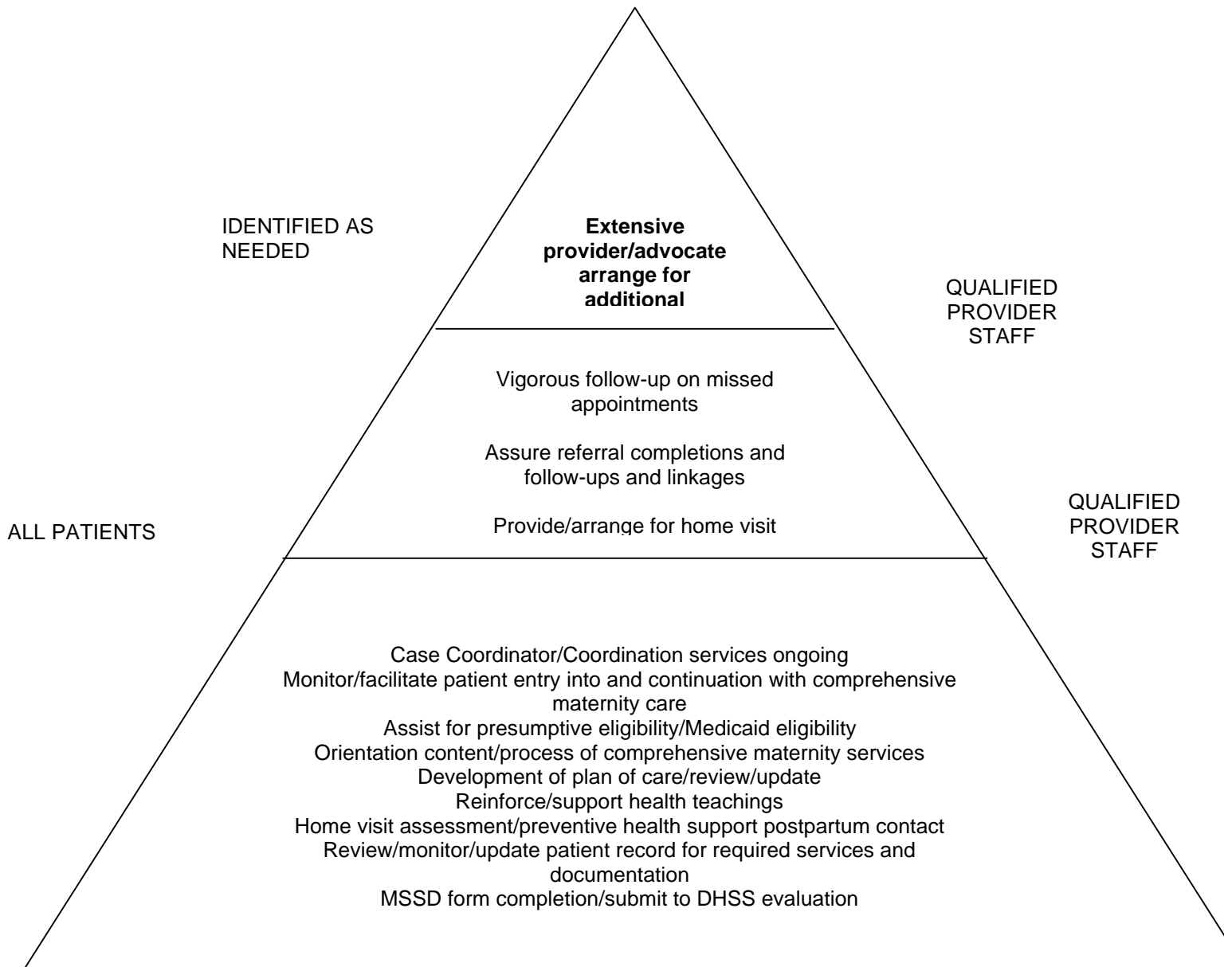
HEALTH EDUCATION NEEDS AND INSTRUCTION CHECKLIST (Continued)

Subjects	Immediate or Strong Interest	First Trimester	Second Trimester	Third Trimester	Postpartum
	(Check line below if patient emphasized during initial assessment)	(Enter date below when instruction is completed.)			
Preparation for Hospital Admission	_____			<input type="checkbox"/>	
Newborn Needs and Development	_____			<input type="checkbox"/>	
Preparation for Basic Care of Infant	_____			<input type="checkbox"/>	
Preparation of Family/Household for Infant	_____			<input type="checkbox"/>	
Importance of Postpartum Visit	_____			<input type="checkbox"/>	
Future Family Planning	_____			<input type="checkbox"/>	<input type="checkbox"/>
Review of Labor and Delivery	_____				<input type="checkbox"/>
Basic Care of Infant	_____				<input type="checkbox"/>
Adjustment of Family/Household to Infant	_____				<input type="checkbox"/>
Comments/Questions:					

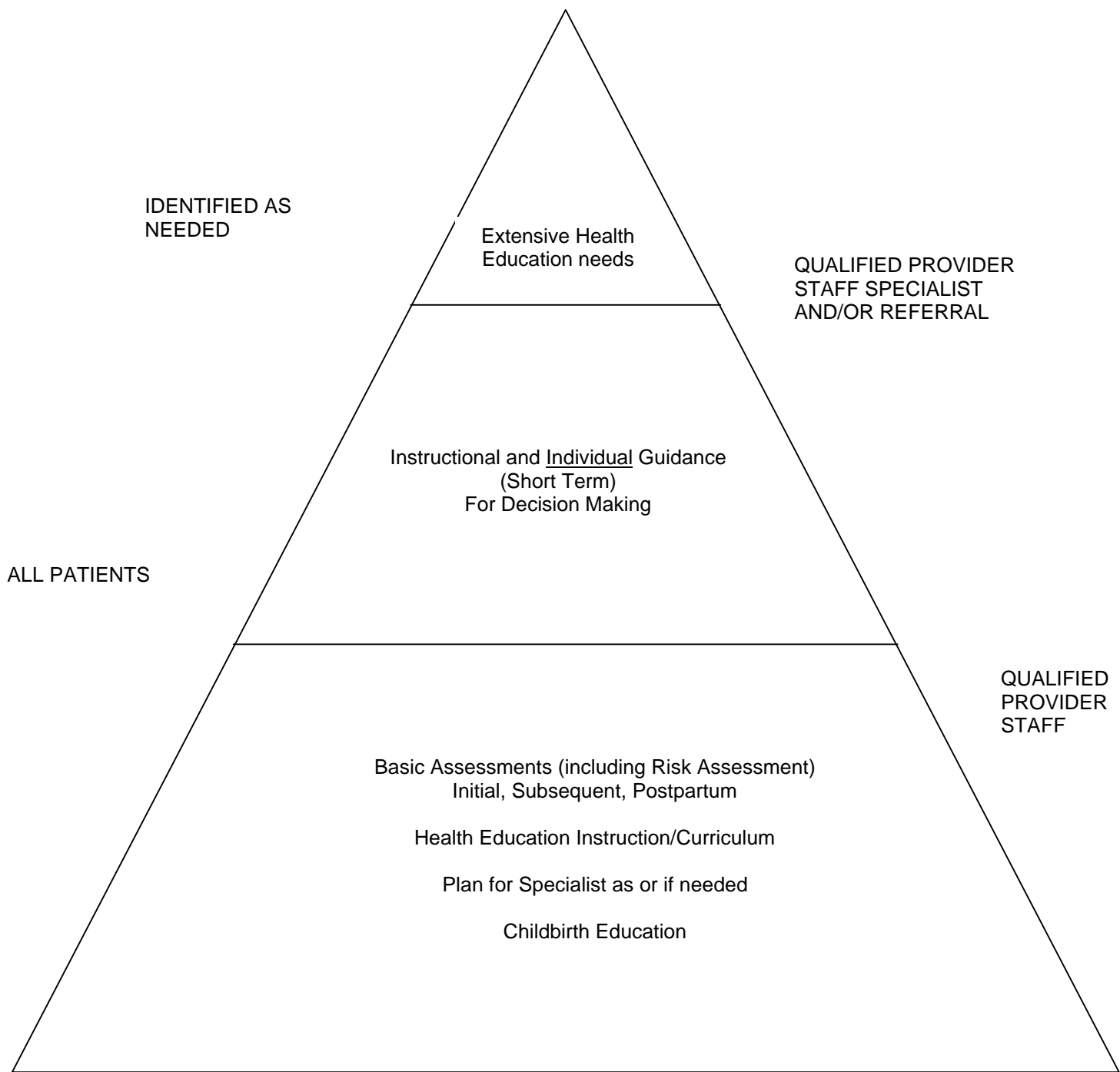
~~SAMPLE~~ HEALTH EDUCATION NEEDS AND INSTRUCTION CHECKLIST ~~SAMPLE~~

Subjects	Immediate or Strong Interest	First Trimester	Second Trimester	Third Trimester	Postpartum
	(Check line below if patient emphasized during initial assessment)	(Enter date below when instruction is completed.)			
Normal physical and emotional changes during pregnancy/after birth	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal/infant growth and development	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal discomfort during pregnancy/after birth	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Level of activity (sex, exercise, work)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle habits (smoking, drugs, alcohol)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational/environmental hazards	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Need for continuing medical/dental care for mother and baby	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Childbirth preparation	_____		<input type="checkbox"/>		<input type="checkbox"/>
Childbirth education course	_____				<input type="checkbox"/>

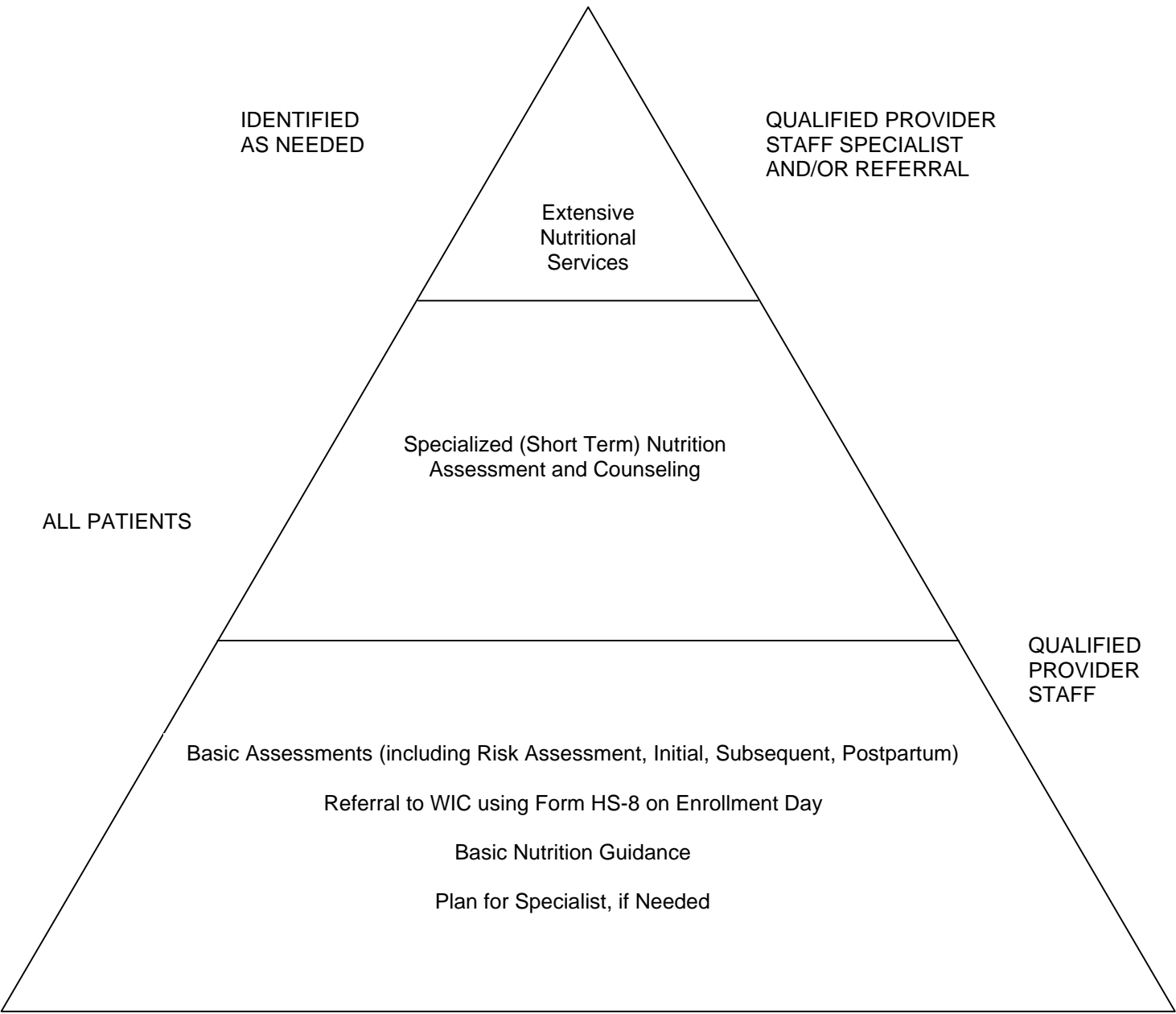
CASE COORDINATION SERVICES



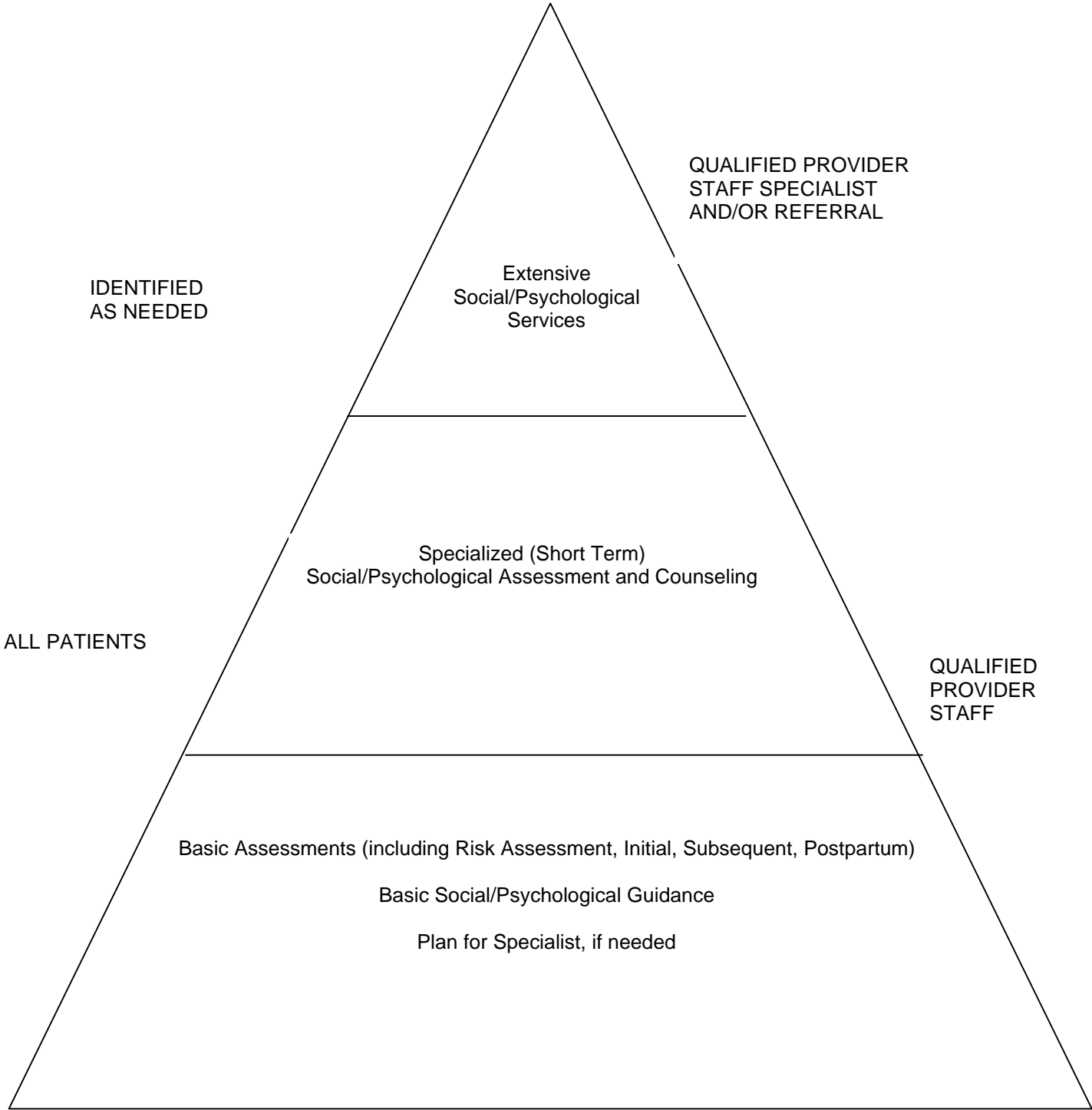
HEALTH EDUCATION SERVICES



NUTRITION SERVICES



SOCIAL PSYCHOLOGICAL SERVICES



SAMPLE

SAMPLE

MATERNITY CARE PATIENTS RIGHTS AND RESPONSIBILITIES ¹

Rights:

- To be treated with dignity and respect.
- To maintain your privacy and confidentiality.
- To receive explanations about any tests or clinical procedures and answers to any questions you have.
- To receive education and counseling.
- To review the medical record with the medical care professional providing treatment
- To consent or refuse any care or treatment.
- To participate in making any plans and decisions about your care during pregnancy, labor and delivery and the postpartum period.

Responsibilities:

- To be honest about your medical history and lifestyle which may affect you or your unborn baby's health.
- To ask questions whenever you do not understand.
- To follow health advice and instructions.
- To keep appointments and complete referrals.
- To report any changes in your health.

¹ The Comprehensive Perinatal Services Program. California Department of Health Services, March, 1987

SAMPLE

AGENCY _____
POSTPARTUM HEALTH SUPPORT SERVICES/PREVENTIVE HEALTH CARE CONTACT

Date _____
 Patient's name _____ Problems in Hospital _____
 Baby's name _____ Problems in Hospital _____
 Birth Date _____ Birth Weight _____
 Discharge Date _____ Discharge Weight _____
 Length _____ Head Circumference _____
 Gestation _____ Apgar Score _____

How does your baby feed? Breast ☐ Bottle ☐
 How often? _____ Any problems? _____
 How does your baby soothe or calm itself? _____
 How has your baby changed since birth? _____

Does your baby sleep a lot? _____
 Who is your baby's health care provider? _____
 When is (or was) the first appointment? _____
 Were there any problems? _____

Do you have any special questions/concerns about yourself, your baby, father of baby, siblings, or other household members? _____

Mothers Goals/Needs (i.e. finance, Emotional, food, housing, clothing, etc.) _____

Referral for identified needs, as appropriate. _____

Plan of Care _____ Completed _____ Reviewed _____

Nurse Signature/Case Coordinator _____ Date _____
 Social Worker _____ Date _____
 Other _____ Date _____
 Health Education/See Health Education Checksheet
 Signature _____ Date _____
 Nutrition/See HealthStart/WIC Form
 Signature _____ Date _____

6 Week Doctor Appointment	Date _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family Planning Appointment	Date _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
WIC Appointment	Date _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

APPENDIX 12

New Jersey State Department of Health and Senior Services HealthStart Program

RELEASE OF INFORMATION

I authorize _____(agency name) to release any medical and other information about me to the State Department of Health and Senior Services which is needed for the HealthStart program for evaluation under Statute PI1987 c.115 and NJAC 10:54 requiring the Department of Health and Senior Services to collect these data to perform the evaluation of the HealthStart program.

I know that the disclosure of my Social Security Number is voluntary and will be kept in strict confidentiality. It will be used only for purposes of evaluation and research by the Department.

Signed _____ Date _____

APPENDIX 13

New Jersey Department of Health and Senior Services

Name: _____

In accordance with Chapter 174. P .L. 1995:

I acknowledge that _____ has counseled and provided me
with: (Name of-physician or other provider)

- A. Information concerning how HIV is transmitted.
- B. The benefits of voluntary testing.
- C. The benefits of knowing if I have HIV virus or not.
- D. The treatments which are available to me and my unborn child should I test positive.
and
- E. That I have a right to refuse the test and I will not be denied treatment.

I have consented to be tested for infection with HIV. ☐

I have decided not to be tested for infection with HIV. ☐

This record shall be retained as a permanent part of the patient's medical record.

Date _____

Signature _____

-

Witness _____

REIMBURSEMENT RATES* (AS OF 4/1/89) AND DESCRIPTION OF SERVICES (PACKAGE)
FOR
MATERNITY HEALTH SUPPORT SERVICES (PACKAGE)**

DESCRIPTION	RATE	CODE
Enrollment process* Assistance with presumptive eligibility determination for Maternity Care recipients, when and if applicable Patient registration and scheduling of the initial appointments Counseling and referral for WIC, food stamps and other community-based services Assignment of HealthStart case coordinator Outreach and follow-up on missed appointments	\$30.00	W9040 (Note - This code may be billed only once during pregnancy by the same provider.)
Development of Maternity Plan of Care* Case coordination services Initial assessments 1. Nutrition 2. Health education 3. Social/psychological Case conference with Maternity Medical care provider Initial Plan of Care developed by the HealthStart case coordinator Basic guidance and health education services Referral for other needed services including follow-up with County Welfare Agency Board of Social Services Outreach, referral and follow-up activities including phone calls and letters	\$120.00	W9041 (Note - This code may be billed only once during pregnancy by the same provider.)
Subsequent Maternity Health Support Services Case coordination Review and update of care plan Coordination with maternity medical care provider health education instruction Social/psychological guidance Nutrition guidance Home visit for high risk clients Outreach, referral and follow-up activities including phone calls and letters	\$50.00	W9042 (May be billed once during 2nd and once during 3rd trimester and not more than twice per pregnancy.)

****These services must be provided prior to request for reimbursement and there must be adequate and sufficient documentation in the patient record to support this Division of Medical Assistance and**

REIMBURSEMENT RATES* (AS OF 4/1/89) AND DESCRIPTION OF SERVICES (PACKAGE)
FOR
MATERNITY HEALTH SUPPORT SERVICES (PACKAGE)**

DESCRIPTION	RATE	CODE
Health Services Adopted New Rules: N.J.A.C. 10:49-3.1-3.20		
Postpartum Maternity Health Support Services	\$100.00	W9043
Case coordination services		
Review of the plan of care		
Review of the summary of hospital stay records and current medical status		
Nutrition assessment and counseling		
Social/psychological assessment and counseling		
Health education assessment and counseling		
home visit(s) as applicable		
Referral, outreach, follow-up services including phone call and letters		
Referral for pediatric preventive care and follow-up		
Transfer of pertinent information to pediatric, future family planning and medical care providers		
Completion of the plan of care		
<p>*New Jersey Register Monday, February 1, 1998</p> <p>**These services must be provided prior to request for reimbursement and there must be adequate and sufficient documentation in the patient record to support this Division of Medical Assistance and Health Services Adopted New Rules: N.J.A.C. 10:49-3.1-3.20</p>		

NEW JERSEY REGISTER, MONDAY FEBRUARY 1, 1998

CITE 20 N.J.R. 285

HCPCS	MAXIMUM FEE ALLOWANCE			CODE
	Spec.	N Spec.	WM (CNM)	
HealthStart* Initial antepartum maternity medical visit HealthStart* Initial antepartum maternity medical visit by certified nurse midwife History including system review Complete physical examination Risk Assessment Initial care plan Patient counseling and treatment Routine and special laboratory tests on site, or by referral, as appropriate Referral for other medical consultations as appropriate (including dental) <u>Coordination with the HealthStart Health Support Services provider, as applicable*</u> Case conference with HealthStart case coordinator	\$72.00	\$69.00		W9025
			\$67.00	W9025WM
HealthStart* Subsequent antepartum maternity medical care visit HealthStart* Subsequent antepartum maternity medical visit by certified nurse midwife Interim history Physical examination Risk Assessment Review of care plan Patient counseling and treatment Laboratory tests on site, or by referral, as appropriate Referral for other medical consultations as appropriate <u>Coordination with the HealthStart case coordinator</u>	\$22.00	\$21.00		W9026
			\$19.00	W9026W
				(Note-This code may be billed only for the 2nd through 15th antepartum visit.) (Note-If medical necessity dictates, corroborated by the medical record, additional visits the initial and 14 subsequent visits may be reimbursed under procedure codes 90040, 90050, 90060 and 90070)
HealthStart Regular Delivery	\$465.00	\$418.00		*W9027

NEW JERSEY REGISTER, MONDAY FEBRUARY 1, 1998

CITE 20 N.J.R. 285

HCPCS	MAXIMUM FEE ALLOWANCE			CODE
	Spec.	N Spec.	WM (CNM)	
HealthStart Regular Delivery by Certified Nurse Midwife Admission History Complete physical examination Vaginal delivery with or without epistiotomy Inpatient postpartum care Referral to postpartum follow-up care provider including: 1. Mother's hospital discharge summary 2. Infant discharge summary, as appropriate			\$317.00	W9027WM (Note: Obstetrical delivery applies to a vaginal delivery at full term or premature and includes care in the home, birthing center or in the hospital (inpatient setting.))
HealthStart Postpartum Care Visit HealthStart Postpartum Care Visit by Certified Nurse Midwife Outpatient postpartum care by the 60th day after the vaginal or Cesarean section delivery Review of prenatal, labor and delivery course Interim history, including information on the care and feeding of newborn Physical examination Referral for laboratory services as appropriate Referral for ongoing medical care when appropriate Patient counseling and treatment	\$22.00	\$21.00	\$19.00	*W9028 (Note - The postpartum visit shall be made by the 60th day postpartum.)
HealthStart * Regular Delivery and Postpartum HealthStart * Regular Delivery and Postpartum by Certified Nurse Midwife Admission History Complete physical examination *Vaginal delivery with or without epistiotomy Inpatient postpartum care Referral to postpartum follow-up care provider including:	\$487.00	\$439.00	\$390.00	W9029 *W9029WM (Note - * This code* applies to a vaginal delivery at full term or premature and includes care in the home, birthing center or in the hospital

NEW JERSEY REGISTER, MONDAY FEBRUARY 1, 1998

CITE 20 N.J.R. 285

HCPCS	MAXIMUM FEE ALLOWANCE			CODE
	Spec.	N Spec.	WM (CNM)	
1. Mother's hospital discharge summary 2. Infant's discharge summary, as appropriate				(inpatient setting). This shall include one post hospital discharge visit by the 60 the postpartum day.
<p>Outpatient postpartum care by the 60th day after the delivery</p> <p>Review of the prenatal, labor and delivery course</p> <p>Interim history, including information on the care and feeding of newborn</p> <p>Physical examination</p> <p>Referral for laboratory services as appropriate</p> <p>Referral for ongoing medical care when appropriate</p> <p>Patient counseling and treatment</p> <p>HealthStart Total Obstetrical Care</p> <p>HealthStart Total Obstetrical Care by Certified Nurse Midwife</p> <p>Total obstetrical care consists of:</p> <p>1. Initial antepartum visit and fourteen subsequent antepartum visits</p> <p>2. Obstetrical delivery per vagina with or without epistiotomy including care when provided in the home, birthing center or in the hospital (inpatient setting)</p> <p>(Note - * This code* applies to a vaginal delivery at full term or premature and includes care in the home, birthing center or in the hospital (inpatient setting). This shall include one post hospital discharge visit by the 60th postpartum day.</p>	\$867.00		<p>\$802.00</p> <p>\$723.00</p>	<p>*W9030</p> <p>*[W9028WM]</p> <p>*W9030WM</p> <p>(Note - Reimbursement may be decreased by the fee for maternity medical care in antepartum visit if the patient is not seen for this visit. The total fee will also be decreased by the reimbursement sum of each subsequent maternity medical care less the 14 visits.)</p>
HealthStart Cesarean Section Delivery	\$595.00	\$531.00		*W9031
<p>Admission History</p> <p>Complete physical examination</p> <p>Cesarean section delivery</p> <p>Inpatient postpartum care</p>				

NEW JERSEY REGISTER, MONDAY FEBRUARY 1, 1998**CITE 20 N.J.R. 285**

HCPCS	MAXIMUM FEE ALLOWANCE			CODE
	Spec.	N Spec.	WM (CNM)	
Referral to postpartum follow-up care provider including: 1. Mother's hospital discharge summary 2. Infant's discharge summary, as appropriate.				

B.4.3 ACIP Recommended Childhood and Adolescent Immunization Schedule

Recommended Childhood Immunization Schedule United States, January - December 2000

Vaccines¹ are listed under routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Age Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B ²	Hep B		Hep B		Hep B						Hep B	
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP ³			DTaP	Td	
<i>H. influenzae</i> type b ⁴			Hib	Hib	Hib	Hib						
Polio ⁵			IPV	IPV		IPV ⁵				IPV ⁵		
Measles, Mumps, Rubella ⁶						MMR				MMR ⁶	MMR⁶	
Varicella ⁷						Var					Var⁷	
Hepatitis A ⁸									Hep A ⁸ -in selected areas			

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

(For **necessary footnotes** and important information, see reverse side.)

On October 22, 1999, the Advisory Committee on Immunization Practices (ACIP) recommended that Rotashield (RRV-TV), the only US-licensed rotavirus vaccine, no longer be used in the United States (MMWR Morb Mortal Wkly Rep. Nov 5, 1999; 48(43):1007). Parents should be reassured that their children who received rotavirus vaccine before July are not at increased risk for intussusception now.

- 1 This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of 11/1/99. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.
- 2 **Infants born to HBsAg-negative mothers** should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least 1 month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.
Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1 month of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).
All children and adolescents (through 18 years of age) who have not been immunized against hepatitis B may begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.
- 3 The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15 to 18 months. Td (tetanus and diphtheria toxoids) is recommended at 11 to 12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.
- 4 Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4, or 6 months of age unless FDA-approved for these ages.
- 5 To eliminate the risk of vaccine-associated paralytic polio (VAPP), an all-IPV schedule is now recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6 to 18 months, and 4 to 6 years. OPV (if available) may be used only for the following special circumstances:
 1. Mass vaccination campaigns to control outbreaks of paralytic polio.
 2. Unvaccinated children who will be traveling in <4 weeks to areas where polio is endemic or epidemic.
 3. Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the third or fourth dose or both; in this situation, health care professionals should administer OPV only after discussing the risk for VAPP with parents or caregivers.
 4. During the transition to an all-IPV schedule; recommendations for the use of remaining OPV supplies in physicians' offices and clinics have been issued by the American Academy of Pediatrics (see *Pediatrics*, December 1999).
- 6 The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4 to 6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.
- 7 Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, ie, those who lack a reliable history of chickenpox (as judged by a health care professional) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.
- 8 Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions; consult your local public health authority. (Also see *MMWR Morb Mortal Wkly Rep.* Oct 01, 1999;48(RR-12); 1-37).

B.4.4 VFC Vaccines

VFC VACCINES

The following vaccines are covered by the Vaccines For Children (VFC) Program:

- DTaP [5 doses]
- DTP/Hib [5 doses]
- DTap/Hib [5 doses]
- DT (Pediatric) [5 doses]
- Td (Adult)[4 doses]
- Hib [4 doses]
- Hib/Hepatitis B [4 doses]
- OPV [5 doses]
- E-IPV [4 doses]
- MMR [3 doses]
- Measles [2 doses]
- Rubella [1 doses]
- Hep-B [3 doses]
- HBIG [1 dose]
- Hep-A (Pediatric) [2 doses]
- Varicella [2 doses]
- Influenza [2 doses]

B.4.5 Head Start Programs

HEAD START PROGRAMS

Atlantic/Cape May

Atlantic Human Resources, Inc.
Carolyn H. Atherly, Director
One South New York Ave.
Atlantic City, NJ 08401
Phone 609-348-4166
Fax 609-449-1327

Atlantic/Cumberland Counties

Rural Opportunities, Inc.
Ramona Merlina, Director
510 East Landis Ave.
Vineland, NJ 08360-3101
Phone 609-696-1800 x 31
Fax 609-696-4892

Bergen County Head Start

Vivian Fergy, Acting Director
C/O St. Cecilia High School
65 West Demarest Ave.
Englewood, NJ 07631
Phone 201-969-0200
Fax 201-968-0240

Burlington

Burlington County Head Start
Carolyn E. Henderson, Director
718 South Route 130
Burlington, NJ 08016
Phone 609-261-2323
Fax 609-261-8520

Camden

Giants House Parent Child Center
Gladys Adximah, Director
3201 Federal Street
Camden, NJ 08103
Phone 609-541-2846
Fax 609-541-5332

Camden

Camden County CEO Head Start
Barbara Dempsey, Director
500 Pine Street
Camden, NJ 08103
Phone 609-964-2100 x 11
Fax 609-964-0428

Cumberland/Gloucester/Salem

Tri-County Head Start
Cynthia Wythe-Mosley, Director
30 Giles Street
Bridgeton, NJ 08302-1816
Phone 609-453-0804
Fax 609-453-8016

East Orange Child Development

Sarah Masaford, Executive Director
50 Washington Street
PO Box 890
East Orange, NJ 07019
Phone 973-676-1110
Fax 973-676-8026

Essex

Babyland Nursery, Inc.
Mary Smith, Director
755 South Orange Ave.
Newark, NJ 07108
Phone 973-399-3400
Fax 973-399-2076

Essex

Newark Preschool Council;
Audrey West, Executive Director
10 Park Place
Newark, NJ 07102
Phone 973-621-5980
Fax 973-621-6051

Essex

Montclair Child Development
Audrey Fletcher, Executive Director
272 Baldwin Street
Glen Ridge, NJ 07028
Phone 973-783-0220
Fax 973-680-0059

Essex

Leagury Head Start
Veronica Ray, Executive Director
1020 Broad Street
Newark, NJ 07102
Phone 973-643-8357
Fax 973-624-1268

Essex

Friendly Fuld Head Start
Kim Baldwin, Director
71 Boyd Street
Newark, NJ 07103
Phone 973-642-3143
Fax 973-623-2080

Hudson

North Hudson Head Start
Lorraine C. Johnson, Director
533-535 41st Street
Union City, NJ 07087
Phone 201-617-0901
Fax 201-501-0272

Hudson County

Jersey City Child Development
Esther Lee, Executive Director
93-103 Nelson Ave.
Jersey City, NJ 07037
Phone 201-656-1500
Fax 201-656-4468

Hudson

HOPES Head Start
Ora Welch, Executive Director
301 Garden Street
Hoboken, NJ 07030
Phone 201-656-3711
Fax 201-656-8213

Hudson County

Bayonne Head Start
Lauretta Allston, Director
20 West 8th Street
Bayonne, NJ 07002
Phone 201-437-7702
Fax 201-437-2810

Mercer County

Trenton Head Start
Jeri Smith, Executive Director
222 East State Street
Trenton, NJ 08618
Phone 609-392-2113
Fax 609-695-0359

Mercer County

Mercer County Head Start
Consuelo Mc Damlet, Executive Director
2238 Hamilton Ave.
Trenton, NJ 08619
Phone 609-563-5894
Fax 609-588-5885

Middlesex County

Middlesex County Head Start
Carol Kempner, Director
1215 Livingston Avenue
North Brunswick, NJ 08902
Phone 732-646-4600x222
Fax 732-646-3728

Monmouth County

ICCC Head Start
Angeline Harris, Executive Director
36 Ridge Road
Neptune, NJ 07753
Phone 732-988-7736
Fax 732-988-4511

Morris County

Morris County Head Start
Ellenn Jambonis, Executive Director
18 Thompson Ave.
Dover, NJ 07801
Phone 973-328-3882
Fax 973-328-3386

Ocean County

Ocean County Head Start
Barbara Brown, Director
40 Washington Street
Toms River, NJ 08754
Phone 732-244-6333
Fax 732-349-4227

Ocean County

LEAP, Inc.
Orest Nadrags, Executive Director
30 Eighth Street
Lakewood, NJ 08701
Phone 973-364-4333
Fax 973-364-4236

Passaic County

Center For Family Resources
Sharon Weln, Executive Director
12 Morris Road
Ringwood, NJ 07456
Phone 973-962-8055
Fax 973-962-1129

Passaic County

Passaic City Head Start
Passaic Mala, Director
68-72 Third Street, 2nd Floor
Passaic City, NJ 07055
Phone 973-365-5780
Fax 973-458-9380

Passaic County

Concerned Parents for Head Start
Cecile Dickey, Executive Director
90 Martin Street
Paterson, NJ 07302
Phone 973-345-9555
Fax 973-345-6719

Somerset County

Somerset County Child Development
Gloria Strickland, Executive Director
429 Lewis Street PO Box 119
Somerset, NJ 08893
Phone 732-945-5886
Fax 732-846-7569

Union County

Twp. Of Union Public Schools Head Start
Jean Denrew, Director
C/O Hamilton School
1231 Burnet Ave.
Union, NJ 07083
Phone 973-851-8563
Fax 973-851-6784

Union County

Union Twp. CAO Head Start
Jennifer Alford, Director
333 North Broad
Elizabeth, NJ 07201
Phone 973-629-9199
Fax 973-629-5190

Union County

Second Street Youth Center

Yvonne Thomas, Executive Director

933 South Second

Plainfield, NJ 07063

Phone 973-361-0161

Fax 973-756-6570

Warren/Sussex/Hunterdon

NORWESCAP Head Start

Linda Kane, Director

481 Memorial Pkwy, Parkview Building

Phillipsburg, NJ 08865

Phone 973-654-3830

Fax 973-454-0362

B.4.6 School-Based Youth Services Program

NEW JERSEY SCHOOL BASED YOUTH SERVICES PROGRAM

Goal: The School based Youth Services Program (SBYSP), developed by the New Jersey Department of Human Services, provides adolescents and children, especially those with problems, with the opportunity to complete their education, to obtain skills that lead to employment or additional education, and to lead a mentally and physically healthy life.

Services: The SBYSP links the education and human services health and employment systems.

The SBYSP meets local needs, the Department of Human Services imposes no single statewide model. However, all SBYSP projects must provide mental health and family counseling, health and employment services. All services must be provided at one site.

SBYSP sites primarily serve adolescents between ages 13-19, many of whom are at risk of dropping out of school, becoming pregnant, using drugs, developing mental illness, or being unemployed. SBYSP sites also serve those most at risk of being dependent for long periods on state assistance programs.

Each site offers a comprehensive range of services, including:

- crisis intervention;
- individual and family counseling;
- primary and preventive health services;
- drug and alcohol abuse counseling;
- employment counseling, training and placement;
- summer and part-time job development;
- referrals to health and social services; and
- recreation.

Some sites offer day care, teen parenting, training, special vocational programs, family planning, transportation and hot lines.

Parental consent is required for all SBYSP services.

SBYSP augments and coordinates services for teenagers; it does not supplant or duplicate currently existing services.

Sites: SBYSP operates in 30 urban, rural and suburban school districts, with at least one site per county. The program provides teenagers with a comprehensive set of services on a “one-stop shopping” basis. In 1990 the program was expanded to elementary and middle schools in one urban and one rural community.

PROGRAM DIRECTORS

SCHOOL BASED YOUTH SERVICES PROGRAM

ATLANTIC

Dan Carter

(609) 345-8336
FAX (609) 345-8373

Atlantic City Teen Services Center
Atlantic City High School
1400 Albany Ave.
Atlantic City, NJ 08401

Trish Helms
(609) 383-6900 X-240
or (609) 407-4929
FAX (609) 383-6952

Pleasantville School Based Program
701 Mill Rd.
Pleasantville, NJ 08232

BERGEN

Dominic Polifrone
(201) 646-0722
FAX (201) 646-1558
Hackmc@idt.net

Hackensack High School
First and Beech Streets
Hackensack, NJ 07601

BURLINGTON

Shaun Stern

(609) 894-0170
FAX (609) 894-0153

Pemberton School Based Program
P.O. Box 246
Pemberton High School
Arneys Mount Rd.
Pemberton, NJ 08068

CAMDEN

Sharon Shields
Office (856) 541-0253
FAX (856) 541-1989
Camden H.S. Site (856) 614-7680
FAX (856) 966-5282
Woodrow Wilson Site (856) 966-4282
East Camden Middle

Camden High Vocational Annex
Park & Baird Boulevards
Camden, NJ 08103

CAPE MAY

Caren Maene

(609) 884-8641
FAX (609) 884-4840

Cape Counseling Service, Inc.
ATTN: SBYSP
128 Crest Haven Road
Cape May Court House, NJ 08210

CUMBERLAND

Robert Gondolf
(856) 451-4440

FAX (856) 451-5815

CHCI SBYSP Teen Center
Bridgeton High School
111 N. West Ave.
Bridgeton, NJ 08302

ESSEX

Mary Ellen Mess
MEM's Office (973) 972-6353
Site (973) 622-1100 X4080/1
FAX (973) 623-2010 (School)
***972-6378 (Office)

Teen Powerhouse
91 West Market Street
Newark, NJ 07103

Beverly Canady, Site Manager
(973) 399-7797
FAX (973) 372-6545

Irvington School Based Program
c/o Irvington High School
1253 Clinton Avenue
Irvington, NJ 07111

Catherine DeLellis
(973) 228-3000
FAX (973) 228-2742

14 Park Ave.
Caldwell, NJ 07006

GLOUCESTER

Frankie Lamborne
(856) 468-1445
Ext. 2151
Flamborne@gcit.org
FAX (856) 468-0522

Gloucester Co. Institute of Technology
P.O. Box 800
1360 Tanyard Road
Sewell, NJ 08080

Wayne Copeland

(856) 863-9090
FAX (856) 863-8326

Clayton Place
457 North Delsea Drive
P.O. Box 85
Clayton, NJ 08312

HUDSON

Richard Quagliariello
Program Director

(201) 392-3646
FAX (201) 348-1810

Nivia Rojas
Human Services Coordinator
(201) 392-3621
FAX (201) 348-1283
Nrojas@union-city.klz.nj.us

Agnes Gillespie

(201) 858-7885
FAX (201) 436-3931

Union City Board of Education
3912 Bergen Turnpike
Union City, NJ 07087

Emerson High School
318 18th Street
Union City, NJ 07087

Bayonne School Based Program
Bayonne Board of Education
Student Center, Room 124
Avenue A & 29th St.
Bayonne, NJ 07002

HUNTERDON

Gary Piscitelli
(908) 788-6401
FAX (908) 788-6584
David Eichlin, Coordinator

Hunterdon Medical Center-HBH
2100 Wescott Drive
Flemington, NJ 08822

MERCER

Pam Lackey

(609) 989-2964
FAX (609) 989-2499

Trenton School Based Program
Trenton Central High School
400 Chambers St., Portable Unit
Trenton, NJ 08609

MIDDLESEX

Gail Reynolds
(732) 745-5306

FAX (732) 418-4329

New Brunswick High School
School Based Program
1125 Livingston Avenue
New Brunswick, NJ 08901

Marilyn Green

(732) 235-8438
FAX (732) 418-4310

Roosevelt School
83 Livingston Ave.
New Brunswick, NJ 08901

Leslie Hodes

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South Brunswick High School Based Youth Services
Program
South Brunswick High SBYSP
750 Ridge Rd., P.O. Box 183
Monmouth Junction, NJ 08852

MONMOUTH

Pamela Zern-Coviello
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Long Branch High School
391 Westwood Avenue
Long Branch, NJ 07740

MORRIS

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(973) 989-0540 (Site)
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FAX (973) 442-1779

Dover High School
100 Grace Street
Dover, NJ 07801

OCEAN

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Preferred Children's Services
CN 2036
Lakewood, NJ 08701

Ginny Galaro

(609) 296-3106 Ext. 283
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Pinelands Regional High School
Nugentown Road
P.O. Box 248
Tuckerton, NJ 08087-0248

PASSAIC

Paula Howe
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(973) 881-3350/52
FAX (973) 881-9532
Or (973) 720-9553

School Based Youth Services Program
Kennedy High School
62-127 Preakness Ave.
Paterson, NJ 07522

Susan Proietti
(973) 470-5595
(973) 473-2408
FAX (973) 473-6883

Passaic School Based Program
185 Paulison Ave.
Passaic, NJ 07055

SALEM

Joan Hoolahan
(856) 935-7365
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Salem County School Based Youth Services Program
Salem County Vocational-Technical Schools
166 Salem-Woodstown Road
Salem, NJ 08079

SOMERSET

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Somerset County Vocational - Technical High School
P.O. Box 6350
North Bridge St. & Vogt Drive
Bridgewater, NJ 08807

SUSSEX

Sharon Hosking
(973) 383-6700 X-329
(973) 579-7725
FAX (973) 579-7493

Sussex County Vocational-Technical School
105 North Church Road
Sparta, NJ 07871

UNION

Stacy Greene
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Elizabeth SBYSP YES Program
Social Service Department
St. Elizabeth Hospital
225 Williamson Street
Elizabeth, NJ 07207

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Lyohalem@plainfield.k12.nj

Plainfield School Based Youth Services Program
925 Arlington Ave.
Plainfield, NJ 07060

WARREN

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Phillipsburg SBYSP
Board of Education
575 Elder Ave.
Phillipsburg, NJ 08865

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Essex

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Children's Hospital of NJ
201 Lyons Ave., H-1
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Monmouth

Therese T. Hendrickson
School Based Health & Social Service Clinic
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140 Port Monmouth Rd.
Keansburg, NJ 07734
(732) 787-7575

Hudson

Marilyn Cintron
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714 Bergen Ave.
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(201) 451-6300 Ext.121
FAX (201) 451-0619

Kelly Gleason
District Service Broker
Division of Community & Support Services
Jersey City Public Schools
346 Claremont Ave., 6th floor
Jersey City, NJ 07305
(201) 413-5762

SITE	SERVICES RENDERED	STAFFING (with degrees noted)
Bridgeton SBYSP MAJOR HEALTH PROVIDER Community Health, Center, Inc. (FQHC)	Comprehensive adolescent health care, including <ul style="list-style-type: none"> • Physicals (school, work, sports) • HIV, STD, pregnancy screenings and treatment • Emergency care and referrals • Well and sick care for infants and toddlers in child care centers • Chronic Illness oversight • Immunizations • EPSDTs • Connect children and families to NJ FamilyCare 	2 Registered Nurses (full time) who are shared by high school, middle school and elementary school 2 Nurse Practitioners-one full time at Bridgeton High School, one at the middle school One MD (medical doctor) part time (4 hours/week plus phone supervision and referrals as needed)
Atlantic City High SBYSP MAJOR HEALTH PROVIDER AtlantiCare	Comprehensive Adolescent Health <ul style="list-style-type: none"> • Physical exams • Immunizations • Primary and preventive health services • Emergency care/referrals • Health Education • Substance Abuse • Connect children and families to NJ FamilyCare 	1 Registered Nurse (full time) 1 MD (Pediatrician) part time for 6 hours/week
Elizabeth High SBYSP MAJOR HEALTH PROVIDER St. Elizabeth Hospital through SBYSP funding	Comprehensive Adolescent Health Services focused on maturational issues: <ul style="list-style-type: none"> • Pregnancy screens, counseling, prenatal care, nutrition education, pregnancy prevention education with special attention to immigrant youth; • Emergency care and referrals 	1 Doctor (MD) (at hospital clinic) part time for 4 hours/week on site and referrals as needed 1 BSN Registered Nurse full time 1 BSN Registered Nurse part time

SITE	SERVICES RENDERED	STAFFING (with degrees noted)
	<ul style="list-style-type: none"> • Referrals & follow up for chronic illness, using hospital services & previous prescriptions by doctors in other countries; • Some sports and school re-admission physicals • Teen Only clinic at hospital (one day/week) <p>Note: Hospital is across the street from the high school</p> <ul style="list-style-type: none"> • Connect children and families to NJ FamilyCare 	
<p>Long Branch High SBYSP</p> <p>MAJOR HEALTH PROVIDER</p> <p>SBYSP</p> <p>Lead Agency (Board of Ed) and SBYSP Director higher personnel</p>	<p>Primary health care (12-13 protocols)-asthma support group, diabetes support group, health education, pregnancy testing and family planning information, community health referrals, nutrition counseling, teen parenting support and pregnant teen counseling.</p> <p>Connect children and families to NJ FamilyCare.</p>	<p>1 NP MSN (Nurse Practitioner with Masters Degree) full time</p> <p>1 RN (Registered Nurse) part time-16 hours/week</p> <p>1 MD (Pediatrician) part time-6 hours/week</p>
<p>Camden SBYSP</p> <p>MAJOR HEALTH PROVIDER</p> <p>CamCare through \$60,000 subcontract-SBYSP funds</p>	<p>Comprehensive Adolescent Health Care, including:</p> <ul style="list-style-type: none"> • Physicals (jobs, sports) • Tests (e.g. anemia, sickle cell, HBP, STDs, pregnancy) • Follow up on chronic problems (e.g. diabetes, anemia, asthma, allergies, eating disorders) • Substance abuse counseling, family therapy, referrals • Psychotic symptoms referred to mental health clinicians • Sexuality: counsel, education, some treatment (e.g. STDs), prenatal care • Emergency care and referrals 	<p>1 NP (Nurse Practitioner) full time at Camden High School</p> <p>1 RN (Registered Nurse) full time</p> <p>1 MD (Medical Doctor) part time (4 hours/week) at Camden H.S., Referrals as needed</p> <p>1 NP (Nurse Practitioner) part time (20 hours/week) at Woodrow Wilson High School</p> <p>1 NP part time (10 hours/week) at East Camden Middle School</p>

SITE	SERVICES RENDERED	STAFFING (with degrees noted)
	<ul style="list-style-type: none"> • Immunization referrals • Well and sick care for infants in child care centers 	
Plainfield SBYSP MAJOR HEALTH PROVIDER The Cardinal Health Center, a satellite of Plainfield Health Center (FQHC)	Comprehensive adolescent health care, including <ul style="list-style-type: none"> • Physicals (school, work, sports) • HIV, STD, pregnancy screenings and treatment • Emergency care ad referrals • Well and sick care for infants and toddlers in child care centers • Chronic illness oversight • Immunizations • EPSDTs • Connect children and families to NJ FamilyCare 	1 Pediatrician (MD) full time 1 RNNP (Registered Nurse Practitioner) full time

B.4.7 Local Health Departments

**LOCAL HEALTH DEPARTMENTS IN NEW JERSEY
JANUARY 1999**

ATLANTIC COUNTY

Atlantic City Health Department
Ronald L. Cash, M.P.P., M.P.A.
Director, Division of Health
City Hall
1301 Bacharach Blvd.
Atlantic City, New Jersey 08401-6903
(609) 347-5663 Fax #(609) 347-5662

ATLANTIC CITY

Atlantic County Health Department
Tracye M. McArdle, M.P.H.
Health Officer
Department of Health
201 South Shore Road
Northfield, New Jersey 08225-2370
(609) 645-5935 Fax #(609) 645-5931
E-mail address: mcardle_tracye@aclink.org
Website: <http://commlink.atlantic.county.lib.nj.us>

ABSECON	FOLSOM	NORTHFIELD
BRIGANTINE	GALLOWAY	PLEASANTVILLE
BUENA	HAMILTON	PORT REPUBLIC
BUENA VISTA	HAMMONTON	SOMERS POINT
CORBIN	LINWOOD	VENTNOR
EGG HARBOR CITY	LONGPORT	WEYMOUTH
EGG HARBOR TWP	MARGATE	
ESTELLE MANOR	MULLICA	

BERGEN COUNTY

Bergen County Department of Health Services
Mark Guarino, M.P.H.
Director
327 Ridgewood Avenue
Paramus, New Jersey 07652-4895
(201) 599-6100 Fax #(201) 986-1068
E-mail address: bchealth@carroll.com
bclincs@carroll.com
Website: <http://www.bergen.org/bergen/countygov/healthserv.hti>

ALLENDALE
ALPINE
CLIFFSIDE PARK
EAST RUTHERFORD
EDGEWATER
FAIRVIEW
FRANKLIN LAKES
GLEN ROCK
HAWORTH
HO-HO-KUS

LITTLE FERRY
LODI
LYNDHURST
MAYWOOD
NORTH ARLINGTON
NORWOOD
OAKLAND
ORADELL
PARK RIDGE

RIDGEWOOD
ROCHELLE PARK
RUTHERFORD
SADDLE BROOK
TETERBORO
WESTWOOD
WOODCLIFF LAKE
WOOD-RIDGE

Bergenfield Health Department
David Volpe, M.A., B.S.
Health Officer
Borough Hall
198 N. Washington Ave.
Bergenfield, New Jersey 07621-1395
(201) 387-4060 Fax #(201) 385-7386
E-mail address: dvolpe1@juno.com

BERGENFIELD

Closter Health Department
Louis S. Apa
Health Officer
Municipal Building
295 Closter Dock Road
Closter, New Jersey 07624-2697
(201) 784-0752 Fax #(201) 784-9721

CLOSTER ROCKLEIGH

DuRidge Regional Health Commission
Guy Stark, B.S., M.A., Ph.D.
Health Officer
50 Washington Avenue
Dumont, New Jersey 07628-3694
(201) 387-5028 Fax #(201) 387-5065

DUMONT
GARFIELD
MOONACHIE

RIDGEFIELD
RIDGEFIELD PARK TWP.
SADDLE RIVER

Elmwood Park Department of Health
Deborah Ricci, M.P.A.
Health Officer
Municipal Building
182 Market Street
Elmwood Park, New Jersey 07407-1497
(201) 796-1072 Fax #(201) 796-0292
E-mail address: 72054.705@compuserve.com

ELMWOOD PARK
HASBROUCK HEIGHTS

Englewood Health Department
Violet P. Cherry, A.C.S.W., M.P.H., C.H.E.S.
Health Officer
73 South Van Brunt Street
Englewood, New Jersey 07631-3485
(201) 568-3450 Fax #(201) 568-5738

ENGLEWOOD

Fair Lawn Health Department
Denise A. DePalma-Farr, M.A., C.H.E.S.
Health Officer
8-01 Fairlawn Avenue, P.O. Box 376
Fair Lawn, New Jersey 07410-1800
(201) 794-5327 Fax #(201) 475-2975
E-mail address: ddepalma@superlink.net

FAIR LAWN

Fort Lee Health Department
Stephen S. Wielkocz, M.A.
Health Officer
Memorial Health Building
309 Main Street
Fort Lee, New Jersey 07024-4799
(201) 592-3590 Fax #(201) 585-1901
E-mail address: flhealth@superlink.net

FORT LEE

Hackensack Health Department
John G. Christ, M.P.A.
Health Officer
215 State Street
Hackensack, New Jersey 07601-5582
(201) 646-3966 Fax #(201) 646-3989

HACKENSACK

Mid-Bergen Regional Health Commission
Carol Wagner, M.S.
Director
705 Kinderkamack Road
River Edge, New Jersey 07661-2499
(201) 599-6290 Fax #(201) 599-0997

BOGOTA
CARLSTADT
ENGLEWOOD CLIFFS
LEONIA
NEW MILFORD
RAMSEY
RIVER EDGE
SOUTH HACKENSACK TWP
TENAFLY
WALLINGTON

N.W. Bergen Regional Health Commission
Rod W. Preiss
Health Officer
22 West Prospect Street
Waldwick, New Jersey 07463-1739
(201) 445-7217 Fax #(201) 445-7219

HILLSDALE
MIDLAND PARK
MONTVALE
NORTHVALE
OLD TAPPAN
UPPER SADDLE RIVER
WALDWICK

Palisades Park Health Department
Jad Mihalinec, M.A.
Health Officer
Municipal Building
275 Broad Avenue
Palisades Park, New Jersey 07650-1578
(201) 585-4106 Fax #(201) 585-4107

PALISADES PARK

Paramus Board of Health
John Hopper
Health Officer
Borough Hall, Jockish Square
Paramus, New Jersey 07652-2771
(201) 265-2100 Fax #(201) 225-9014

PARAMUS MAHWAH

Teaneck Department of Health & Human Services
Wayne A. Fisher, M.A.
Health Officer
Municipal Building
818 Teaneck Road
Teaneck, New Jersey 07666-9998
(201) 837-4824 Fax #(201) 837-1222

TEANECK

Township of Washington Local Health Agency
Daniel G. Levy, M.P.A.
Health Officer
350 Hudson Avenue
Twp. of Washington, New Jersey 07675-4798
(201) 666-8512 Fax #(201) 664-8281

CRESSKILL DEMAREST EMERSON HARRINGTON PARK RIVER VALE WASHINGTON

BURLINGTON COUNTY

Burlington County Health Department
Walter Trommelen, M.P.H.
Public Health Coordinator
Raphael Meadow Health Center
15 Pioneer Blvd., P.O. Box 6000
Westampton, New Jersey 08060-1384
(609) 265-5548 Fax #(609) 265-5541
E-mail address: bchd@msn.com

BASS RIVER TWP	FLORENCE	PEMBERTON
BEVERLY	HAINESPORT	PEMBERTON TWP
BORDENTOWN	LUMBERTON	RIVERSIDE
BORDENTOWN TWP	MANSFIELD	RIVERTON
BURLINGTON	MAPLE SHADE	SHAMONG
BURLINGTON TWP	MEDFORD LK	SOUTHAMPTON
CHESTERFIELD TWP	MEDFORD TWP	SPRINGFIELD
CINNAMINSON TWP	MORRESTOWN	TABERNACLE
DELANCO TWP	MT HOLLY	WASHINGTON TWP
DELRAN TWP	MT LAUREL	WESTHAMPTON
EASTHAMPTON	NEW HANOVER	WILLINGBORO
EDGEWATER PK	NORTH HANOVER	WOODLAND
EVESHAM TWP	PALMYRA	WRIGHTSTOWN
FIELDSBORO		

CAMDEN COUNTY

Camden County Division of Health
Jung H. Cho, V.M.D., Dr.P.H.
Health Officer
Jefferson House, Lakeland Road
P.O. Box 9
Blackwood, New Jersey 08012-0009
(609) 374-6037 Fax #(609) 374-6034
E-mail address: ccho@co.camden.nj.us

AUDUBON	GIBBSBORO	MT EPHRAIM
AUDUBON PARK	GLOUCESTER CITY	OAKLYN
BARRINGTON	GLOUCESTER TWP	PENNSAUKEN
BELLMAWR	HADDON HEIGHTS	PINE HILL
BERLIN BORO	HADDON TWP	PINE VALLEY
BERLIN TWP	HADDONFIELD	RUNNEMEDE
BROOKLAWN	HI-NELLA	SOMERDALE
CAMDEN	LAUREL SPRINGS	STRATFORD
CHERRY HILL	LAWNSIDE	TAVISTOCK
CHESILHURST	LINDENWOLD	VOORHEES TWP
CLEMENTON	MAGNOLIA	WATERFORD TWP
COLLINGSWOOD	MERCHANTVILLE	WINSLOW TWP
		WOODLYNNE

CAPE MAY COUNTY

Cape May County Health Department
Louis Lamanna, M.A., H.O.
Public Health Coordinator
4 Moore Road, DN 601
Cape May Court House, New Jersey 08210-1601
(609) 465-1187 Fax # (609)465-3933
E-mail address: lamann@co.cape-may.nj.us

AVALON	SEA ISLE
CAPE MAY	STONE HARBOR
CAPE MAY POINT	UPPER TWP
DENNIS TWP	WEST CAPE MAY
LOWER TWP	WEST WILDWOOD
MIDDLE TWP	WILDWOOD
NORTH WILDWOOD	WILDWOOD CREST
OCEAN CITY	WOODBINE

CUMBERLAND COUNTY

Cumberland County Health Department	
Manuel Ostroff, M.A.	(Louis Cresci, HO, Vineland HD
Public Health Coordinator	is providing health officer
790 East Commerce Street	coverage during Mr. Ostroff's
Bridgeton, New Jersey 08302-2293	illness)
(609) 453-2150 Fax # (609) 453-0338	
E-mail address: healthbd@cumberland.county.lib.nj.us	

BRIDGETON
COMMERCIAL TWP
DEERFIELD
DOWNE TWP
FAIRFIELD

GREENWICH
HOPEWELL
LAWRENCE
MAURICE RIVER
MILLVILLE

SHILOH
STOW CREEK
UPPER DEERFIELD

City of Vineland Department of Health
Louis F. Cresci, Jr., B.A.
Health Officer
City Hall
640 E. Wood Street
P.O. Box 1508
Vineland, New Jersey 08360-0978
(609) 794-4131 Fax # (609) 794-1159

VINELAND

ESSEX COUNTY

Roseland - see East Hanover Board of Health (MORRIS CO.)
South Orange - see Little Falls Health Dept. (PASSAIC CO.)

Belleville Health Department
Thomas Longo
Health Officer
50 Newark Avenue, Suite 207
Belleville, New Jersey 07109-3252
(973) 450-3389 Fax #(973) 450-4550

BELLEVILLE

Bloomfield Department of Health
Richard B. Proctor, M.S.MGT
Director of Health
1 Municipal Plaza
Bloomfield, New Jersey 07003-3488
(973) 680-4024 Fax #(973) 680-0134

BLOOMFIELD
CALDWELL

GLEN RIDGE
NORTH CALDWELL

East Orange Health Department
VACANT
Health Officer
City Hall
143 New Street
East Orange, New Jersey 07017-4918
(973) 266-5480 Fax #(973) 266-5402

EAST ORANGE

Essex County Department of Health
Michael Festa, Ph.D.
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120 Fairview Avenue
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Irvington Department of Health & Welfare
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IRVINGTON

Livingston Health Department
Louis E. Anello, M.E.S.
Director of Health
357 South Livingston Avenue
Livingston, New Jersey 07039-3994
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LIVINGSTON

Maplewood Health Department
Robert D. Roe, M.P.A.
Health Officer
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(973) 762-8120 Fax # (973) 762-1934

MAPLEWOOD

Millburn Township Health Department
William R. Faitoute
Health Officer
Town Hall
375 Millburn Ave.
Millburn, New Jersey 07041-1379
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MILLBURN

Montclair Health Department
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205 Claremont Avenue
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CEDAR GROVE
MONTCLAIR
NUTLEY
VERONA
WAYNE (PASSAIC CO.)

Newark Department of Health
Marsha McGowan, M.P.H., M.A.
Health Officer
110 William Street
Newark, New Jersey 07102-1316
(973) 733-7592 Fax # (973) 733-5614

NEWARK

West Caldwell Health Department
Peter N. Tabbot, M.P.H. Health Officer
Boro Hall
30 Clinton Road
West Caldwell, New Jersey 07006-6774
(973) 226-2303 Fax # (973) 226-2396
E-mail address: PTabbot@aol.com

FAIRFIELDWEST
CALDWELL

West Orange Health Department
Joseph A. Fonzino, M.S. Health Officer
Municipal Building
66 Main Street
West Orange, New Jersey 07052-5404
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ESSEX FIELDS
ORANGE
WEST ORANGE

GLOUCESTER COUNTY

Gloucester County Department of Health
Donald Benedik
Health Officer
160 Fries Mill Road
Turnersville, New Jersey 08012
(609) 262-4101 Fax # 609-629-0469

CLAYTON	LOGAN	SWEDESBORO
DEPTFORD	MANTUA	WASHINGTON
EAST GREENWICH	MONROE	WENONAH
ELK	NATIONAL PARK	WEST DEPTFORD
FRANKLIN	NEWFIELD	WESTVILLE
GLASSBORO	PAULSBORO	WOODBURY
GREENWICH	PITMAN	WOODBURY HEIGHTS
HARRISON	SOUTH HARRISON	WOOLWICH

HUDSON COUNTY

Bayonne Department of Health
Brigid Breivogel, R.N., M.S.
Health Officer
Municipal Building
630 Avenue C
Bayonne, New Jersey 07002-3878
(201) 858-6112 Fax # (201) 858-6111

BAYONNE

Harrison Board of Health
Karen Comer, M.S., C.H.E.S.
Health Officer
318 Harrison Ave.
Harrison, New Jersey 07029-1752
(973) 268-2441 Fax # (973) 482-2924

HARRISON

Hoboken Health Department
Frank S. Sasso, M.S., M.S.W.
Health Officer
124 Grand Street
Hoboken, New Jersey 07030-4297
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HOBOKEN

Jersey City Division of Health
Joseph Castagna, M.S.
Health Officer
586 Newark Avenue
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(201) 547-5545 Fax # (201) 547-4848

JERSEY CITY

Kearny Department of Health
John P. Sarnas, M.A.
Health Officer
645 Kearny Avenue
Kearny, New Jersey 07032-2998
(201) 997-0600 Fax # (201) 997-9703

EAST NEWARK KEARNY HUDSON CO. DIV. OF ENVIRONMENTAL HEALTH

North Bergen Health Department
Richard J. Censullo, M.P.H.
Health Officer
1116 43rd Street
North Bergen, New Jersey 07047
(201) 392-2084 Fax# (201) 392-2153

NORTH BERGEN UNION CITY

Secaucus Health Department
VACANT
Health Officer
20 Centre Avenue
Secaucus, New Jersey 07094
(201) 330-2032 Fax # (201) 330-8352

SECAUCUS
West New York Health Department
Vincent A. Rivelli, M.S.
Health Officer
428 - 60th Street, Room 31
West New York, New Jersey 07093
(201) 295-5070 Fax # (201) 869-1715

GUTTENBERG
WEEHAWKEN
WEST NEW YORK

HUNTERDON COUNTY

Hunterdon County Department of Health
John Beckley, M.P.H.
Health Officer
County Administration Bldg.
71 Main Street
Flemington, New Jersey 08822-1396
(908) 788-1351 Fax # (908) 782-7510
E-mail address: jbeckley@co.hunterdon.nj.us

ALEXANDRIA TWP.	FRANKLIN TWP.	LEBANON TWP.
BETHLEHEM TWP.	FRENCHTOWN	MILFORD
BLOOMSBURY	GLEN GARDNER	RARITAN TWP.
CALIFON	HAMPTON	READINGTON TWP.
CLINTON TOWN	HIGH BRIDGE	STOCKTON
CLINTON TWP.	HOLLAND	TEWKSBURY
DELAWARE TWP.	KINGWOOD TWP.	UNION TWP.
EAST AMWELL TWP.	LAMBERTVILLE	WEST AMWELL TWP.
FLEMINGTON	LEBANON	

MERCER COUNTY

East Windsor Township Health Department
Patricia A. Hart, R.S., M.P.H.
Health Officer
Municipal Building
16 Lanning Boulevard
East Windsor, New Jersey 08520-1999
(609) 443-4000 Fax # (609) 443-8303

EAST WINDSOR TWP
HIGHTSTOWN BORO

Ewing Township Health Department
Albert Leff, B.S.
Health Officer
Municipal Building
2 Municipal Drive
Ewing, New Jersey 08628-1544
(609) 883-2900 ext. 7691 Fax # (609) 883-0215

EWING TWP

Hamilton Township Division of Health
Jeffrey J. Plunkett, B.A., M.Ed.
Health Officer
2100 Greenwood Avenue
P.O. Box 00150
Hamilton, New Jersey 08650-1050
(609) 890-3820 Fax # (609) 890-6093

HAMILTON TWP

Hopewell Township Health Department
Gary A. Guarino
Health Officer
201 Washington Crossing-Pennington Road
Titusville, New Jersey 08560-1410
(609) 737-0120 Fax # (609) 737-1022

HOPEWELL BORO
HOPEWELL TWP.
PENNINGTON BORO

Princeton Regional Health Commission
William J. Hinshillwood, M.A.
Health Officer
Borough Hall
1 Monument Drive, P.O. Box 390
Princeton, New Jersey 08540-0390
(609) 497-7608 Fax # (609) 924-9714
E-mail address: bhinshill@aol.com

PRINCETON BORO
PRINCETON TWP

Lawrence Township Health Department
Carol Chamberlain
Health Officer
P.O. Box 6006
2207 Lawrenceville Road
Lawrenceville, New Jersey 08648-3198
(609) 844-7089 Fax # (609) 896-0412

LAWRENCE TWP

City of Trenton Department of Health & Human Services, Division of Health
Richard D. Salter, M.A.
Health Officer
City of Trenton
222 East State Street
Trenton, New Jersey 08608-1866
(609) 989-3244 Fax # (609) 989-3590

TRENTON

West Windsor Township Health Department
Robert Hary, M.A. M.B.A.
Health Officer
P.O. Box 38
271 Clarksville Road
Princeton Junction, New Jersey 08550-0038
(609) 799-2400 Fax # (609) 799-2044

WASHINGTON TWP.
WEST WINDSOR TWP

MIDDLESEX COUNTY

Edison Department of Health & Human Resources
John O. Grun, M.S.
Health Officer
Municipal Complex
100 Municipal Boulevard
Edison, New Jersey 08817-3353
(732) 248-7290 Fax # (732) 248-0494
E-mail address: health@edison.nj.org
Website: <http://www.edison.nj.org>

EDISON

Middle-Brook Regional Health Commission
Ronald Cohen, M.P.H., Ph.D.
Health Officer
Boro Hall
1200 Mountain Ave.
Middlesex, New Jersey 08846-1200
(732) 356-8090 Fax # (732) 356-7954

BOUND BROOK (SOMERSET CO.)
GREEN BROOK TWP (SOMERSET CO.)
MIDDLESEX BORO
SOUTH BOUND BROOK (SOMERSET CO.)
WARREN TWP (SOMERSET CO.)
WATCHUNG (SOMERSET CO.)

Middlesex County Public Health Department
Bernard G. Mihalko
Director
35 Oakwood Avenue
Edison, New Jersey 08837-2408
(732) 494-6742 Fax # (732) 494-7771

CARTERET	JAMESBURG	PERTH AMBOY
CRANBURY	METUCHEN	PLAINSBORO
DUNELLEN	MILLTOWN	SAYREVILLE
EAST BRUNSWICK	MONROE	SOUTH AMBOY
HELMETTA	NEW BRUNSWICK	SOUTH PLAINFIELD
HIGHLAND PARK	NORTH BRUNSWICK	SOUTH RIVER
	OLD BRIDGE	SPOTSWOOD

Piscataway Township Health Department
Andrew C. Simpf, Jr., M.A.
Health Officer
455 Hoes Lane
Piscataway, New Jersey 08854-5097
(732) 562-2323 Fax # (732) 743-2500

PISCATAWAY

South Brunswick Health Department
Stephen J. Papenberg
Health Officer
Ridge Road/Route 522, P.O. Box 190
Monmouth Junction, New Jersey 08852-0190
(732) 329-4000 ext. 237 Fax # (732) 329-0627

ROCKY HILL (SOMERSET CO.) SOUTH BRUNSWICK

Woodbridge Township Department of Health & Human Services
Patrick O. Hanson
Health Officer
2 George Frederick Plaza
Woodbridge, New Jersey 07095
(732) 855-0600 ext. 5025 Fax # (732) 855-0944
Website: woodbridgenj.com

WOODBIDGE

MONMOUTH COUNTY

Colts Neck Township Health Department
William McBride
Health Officer
124 Cedar Drive
Colts Neck, New Jersey 07722-0249
(732) 462-5470 Fax # (732) 431-3173

COLTS NECK

Freehold Area Health Department
R. Chadwick Taylor, M.B.A.
Health Officer
1 Municipal Plaza
Freehold, New Jersey 07728-3099
(732) 294-2060 Fax # (732) 462-2340

FREEHOLD BORO
FREEHOLD TWP
MILLSTONE
UPPER FREEHOLD

Hazlet-Aberdeen Health Department
Robert N. Scapicio, M.A.
Health Officer
3400 State Highway 35
Suite 9
Hazlet, New Jersey 07730-0371
(732) 264-5541 Fax # (732) 264-5724
E-mail address: susanhahd@juno.com

ABERDEEN
HAZLET

Long Branch Department of Health
David Roach, M.P.H.
Health Officer
344 Broadway
Long Branch, New Jersey 07740-6938
(732) 222-2086 Fax # (732) 222-1516

LONG BRANCH

Manalapan Township Department of Health
W. David Richardson, M.P.H.
Health Officer
120 Route 522
Manalapan, New Jersey 07726-3497
(732) 446-8345 Fax # (732) 446-1576
E-mail address: health@twp.manalapan.nj.us

MANALAPAN

Matawan Regional Department of Health
Alan C. Hopper
Health Officer
145 Broad Street
Matawan, New Jersey 07748
(732) 566-0740 Fax # (732) 566-7283

HOLMDEL
KEANSBURG
KEYPORT
MATAWAN

Middletown Township Health Department
Stephen L. McKee
Health Officer
Johnson Gill Annex Building
1 Kings Highway
Middletown, New Jersey 07748-2594
(732) 615-2095 Fax # (732) 671-8697
E-mail address: health@exit109

MIDDLETOWN

Monmouth County Health Department
Lester W. Jargowsky, M.P.H.
Public Health Coordinator
3435 Highway 9
Freehold, New Jersey 07728-2850
(732) 431-7456 Fax # (732) 409-7579
E-mail address: jargoswl@shore.co.monmouth.nj

ALLENTOWN BORO	FARMINGDALE BORO	OCEANPORT
ASBURY PARK CITY	HOWELL TWP	ROOSEVELT BORO
ATLANTIC HIGHLANDS BORO	MANASQUAN BORO	SEA GIRT BORO
AVON-BY-THE-SEA BORO	MARLBORO TWP	SOUTH BELMAR BORO
BELMAR BORO	NEPTUNE CITY	SPRING LAKE BORO
BRADLEY BEACH BORO	NEPTUNE TWP	UNION BEACH
ENGLISHTOWN BORO		WALL TWP

Monmouth County Regional Health Commission No. 1
Sidney B. Johnson, Jr., M.S., M.B.A.
Health Officer
20 Meridian Road
Eatontown, New Jersey 07724-2241
(732) 935-0325 Fax # (732) 935-0384
E-mail address: ippy3@ix.netcom.com

ALLENHURST	INTERLAKEN	SHREWSBURY
BRIELLE	LOCH ARBOR VILLAGE	SHREWSBURY TWP
DEAL	MONMOUTH BEACH	SPRING LAKE HEIGHTS
EATONTOWN	OCEAN TWP	TINTON FALLS
HIGHLANDS	SEA BRIGHT	WEST LONG BRANCH

Red Bank Health Department
Frederick A. Richart
Health Officer
90 Monmouth Street, Box 868
Red Bank, New Jersey 07701-0868
(732) 530-2754 Fax # (732) 530-2757

FAIR HAVEN	RED BANK
LITTLE SILVER	RUMSON

MORRIS COUNTY

Chatham Boro - see Millburn (ESSEX CO.)
Chester Boro - see Bernards Twp. (SOMERSET CO.)
Mendham Boro - see Bernards Twp. (SOMERSET CO.)
Mendham Twp. - see Bernards Twp. (SOMERSET CO.)

Denville Division of Health
Herbert J. Yardley, M.A.
Health Officer
1 Saint Mary's Place
Denville, New Jersey 07834-2199
(973) 625-8305 Fax # (973) 627-8371

DENVILLE

Dover Health Department
Donald N. Costanzo, M.A., M.P.A.
Health Officer
37 North Sussex Street, Box 798
Dover, New Jersey 07801-3991
(973) 366-2200 ext. 120 Fax # (973) 328-6604

DOVER

East Hanover Health Department
Peter B. Summers, M.A.
Health Officer
411 Ridgedale Avenue
East Hanover, New Jersey 07936-1487
(973) 428-3035 Fax # (973) 428-3026
E-mail address: ehanover@interactive.net
Website: <http://www.interactive.net/~ehanover>

EAST HANOVER TWP
ROSELAND BORO (ESSEX CO.)

Township of Hanover Health Department
George Van Orden, Ph.D
Health Officer
1000 Route 10, P.O. Box 250
Whippany, New Jersey 07981-0250
(973) 428-2484 Fax # (973) 428-4374
E-mail address: van1122w@wonder.em.cdc.gov

HARDING TWP MORRIS TWP
HANOVER TWP

Jefferson Township Health Department
Cindee DeGennaro, M.A.
Health Officer
1033 Weldon Road
Lake Hopatcong, New Jersey 07849-0367
(973) 697-1500 Fax # (973) 697-8090

JEFFERSON TWP

Borough of Kinnelon Health Department
Calliope C. Alexander, M.A., B.S.
Health Officer
Municipal Building, 130 Kinnelon Road
Kinnelon, New Jersey 07405-2392
(973) 838-5403 Fax # (973) 838-1862

KINNELON

Lincoln Park Health Department
Pasquale A. Pignatelli, Jr., M.P.A.
Health Officer 34
Chapel Hill Road
Lincoln Park, New Jersey 07035-1998
(973) 694-6306 Fax # (973) 628-9512

BOONTON TWP
LINCOLN PARK
RIVERDALE

Madison Boro Board of Health
John Theese, M.S.
Health Officer
22 Central Avenue
Madison, New Jersey 07940-2592
(973) 593-3073 Fax # (973) 593-0125

CHATHAM BORO (MORRIS CO.)	MORRIS PLAINS BORO
CHATHAM TWP	MOUNT ARLINGTON BORO
FLORHAM PARK BORO	NETCONG BORO
MADISON BORO	PASSAIC TWP
MINE HILL TWP	VICTORY GARDEN BORO

Montville Township Health Department
John A. Wozniak, Jr., M.E.H.
Health Officer
195 Changebridge Road
Montville, New Jersey 07045-9498
(973) 331-3316 Fax # (973) 402-0787

MONTVILLE
MOUNTAIN LAKES

Morristown Division of Health
Howard Steinberg
Health Officer
200 South Street
Morristown, New Jersey 07963-0914
(973) 292-6700 Fax # (973) 292-6730

MORRISTOWN

Mt. Olive Township Health Department
Frank P. Wilpert
Director, Health, Welfare & Sanitation
Route 46, P.O. Box 450
Budd Lake, New Jersey 07828-3200
(973) 691-0900 ext. 330 Fax # (973) 691-7681

MT OLIVE

Parsippany Health Department
P. Wayne Croughn
Health Officer
Municipal Building
1001 Parsippany Boulevard
Parsippany, New Jersey 07054-1222
(973) 263-7160 Fax # (973) 299-1349

PARSIPPANY-TROY HILLS

Pequannock Township Board of Health
Peter Correale
Health Officer
530 Newark-Pompton Turnpike
Pompton Plains, New Jersey 07444-1799
(973) 835-1916 Fax # (973) 835-2472
E-mail address: 103153.2247@compuserve.com

BLOOMINGDALE (PASSAIC CO.)
BUTLER BORO
PEQUANNOCK

Randolph Township Board of Health
Clement R. Ferdinando, M.P.H.
Health Officer
502 Millbrook Avenue
Randolph, New Jersey 07869-3799
(973) 989-7050 Fax # (973) 989-7076
Website: <http://www.gti.net.randolph>

RANDOLPH ROCKAWAY BORO

Rockaway Township Health Department
Steven C. Levinson, M.S.
Health Officer
65 Mt. Hope Road
Rockaway, New Jersey 07866-1699
(973) 983-2848 Fax # (973) 627-1081

BOONTON BORO ROCKAWAY TWP
CHESTER TWP

Roxbury Township Board of Health
Frank A. Grisi
Health Officer
72 Eyland Avenue
Succasunna, New Jersey 07876-1622
(973) 448-2028 Fax # (973) 448-2059
E-Mail address: roxburynjhealth@nac.net

ROXBURY WHARTON BOROUGH

Washington Township Health Department
Cristianna Cooke-Gibbs, M.P.H.
Health Officer
43 Schooley's Mountain Road, P.O. Box 216
Long Valley, New Jersey 07853-0216
(908) 876-3650 Fax # (908) 876-5138

WASHINGTON TWP

OCEAN COUNTY

Long Beach Island Health Department
Timothy J. Hilferty
Health Officer
11601 Long Beach Boulevard
Beach Haven, New Jersey 08008-3661
(609) 492-1212 Fax # (609) 492-9215

BARNEGAT LIGHT	LONG BEACH
BEACH HAVEN	SHIP BOTTOM
HARVEY CEDARS	SURF CITY

Ocean County Health Department
Joseph Przywara, B.A.
Public Health Coordinator
175 Sunset Avenue
P.O. Box 2191
Toms River, New Jersey 08754-2191
(732) 341-9700 Fax # (732) 341-4467
E-mail address: ochd@americom.net
Website: <http://www.ochd.org>

BARNEGAT TWP	LAKEHURST	PT. PLEASANT BEACH
BAY HEAD	LAKEWOOD	PT. PLEASANT
BEACHWOOD	LAVALLETTE	SEASIDE HEIGHTS
BERKELEY TWP	LITTLE EGG HARBOR TWP	SEASIDE PARK
BRICK TWP	MANCHESTER	S. TOMS RIVER
DOVER TWP	MANTOLOKING	STAFFORD
EAGLESWOOD TWP	OCEAN GATE	TUCKERTON
ISLAND HEIGHTS	OCEAN TWP	
JACKSON TWP	PINE BEACH	
LACEY TWP	PLUMSTED	

PASSAIC COUNTY

Bloomingtondale - see Pequannock (MORRIS CO.)

Wanaque - see Pequannock (MORRIS CO.)

Wayne - see Montclair (ESSEX CO.)

Clifton Board of Health

Albert Greco, M.A.

Health Officer

900 Clifton Avenue

Clifton, New Jersey 07013-2705

(973) 470-5758 Fax # (973) 470-5768

E-mail address: agreco@worldnet.att.net

CLIFTON

Township of Little Falls Health Department

John M. Festa, M.A.

Health Officer

Municipal Annex

35 Stevens Avenue

Little Falls, New Jersey 07424

(973) 256-0170 Fax # (973) 890-4501

LITTLE FALLS

SOUTH ORANGE (ESSEX CO.)

PASSAIC

Passaic City Health Department

Henry G. McCafferty

Health Officer

City Hall

330 Passaic Street

Passaic, New Jersey 07055-5814

(973) 365-5603 Fax # (973) 365-5582

PASSAIC

Passaic County Department of Health
John J. Ferraioli
Health Officer
Administration Bldg. Annex, Rm. 201
311 Pennsylvania Avenue
Paterson, New Jersey 07503-1788
(973) 881-4396 Fax # (973) 225-0222
E-mail address: jfpcdh@intercall.com

Paterson Division of Health
Joseph J. Surowiec
Health Officer
176 Broadway
Paterson, New Jersey 07505-1198
(973) 881-6922 Fax # (973) 279-7511
E-mail address: moses@interactive.net

HALEDON	PROSPECT PARK
HAWTHORNE	TOTOWA
NORTH HALEDON	WEST PATERSON
PATERSON	

Ringwood Health Department
Christopher Chapman, M.P.H.
Health Officer
60 Margaret King Avenue
Ringwood, New Jersey 07456-1703
(973) 962-7079 Fax # (973) 962-6028

RINGWOOD
WANAQUE

West Milford Township Health Department
Kenneth R. Hawkswell, M.P.H.
Health Officer
1480 Union Valley Road
West Milford, New Jersey 07480-1303
(973) 728-2720 Fax # (973) 728-2704

POMPTON LAKES
WEST MILFORD

SALEM COUNTY

Salem County Department of Health
Laurence P. Devlin, Jr., M.P.A., R.S., C.S.W.
Health Officer
98 Market Street
Salem, New Jersey 08079-1995
(609) 935-7510 Fax # (609) 935-8483

ALLOWAY	PENNSVILLE
CARNEYS POINT	PILESGROVE
ELMER	PITTSBORO
ELSBORO	QUINTON
LOWER ALLOWAYS	SALEM
MANNINGTON	UPPER PITTSBORO
OLDMANS	WOODSTOWN
PENNS GROVE	

SOMERSET COUNTY

Bound Brook - see Middle-Brook (MIDDLESEX CO.)
Green Brook - see Middle-Brook (MIDDLESEX CO.)
Rocky Hill- see S. Brunswick (MIDDLESEX CO.)
South Bound Brook - see Middle-Brook (MIDDLESEX CO.)
Warren Twp - see Middle-Brook (MIDDLESEX CO.)
Watchung - see Middle-Brook (MIDDLESEX CO.)

Bernards Township Health Department
Lucy A. Forgione, M.S.
Health Officer
262 South Finley Avenue
Basking Ridge, New Jersey 07920-1418
(908) 204-3070 Fax # (908) 204-3075

CHESTER BORO (MORRIS CO.)	FAR HILLS
BEDMINSTER	MENDHAM BORO (MORRIS CO.)
BERNARDS	MENDHAM TWP (MORRIS CO.)
BERNARDSVILLE	PEAPACK-GLADSTONE

Branchburg Township Health Department
Leonard H. Williams, M.P.A., R.E.H.S./R.S.
Health Officer
Municipal Annex
34 Kenbury Road
Somerville, New Jersey 08876-3936
(908) 526-1300 ext. 215 Fax # (908) 704-1214
E-mail address: bburg@superlink.com

BRANCHBURG

Bridgewater Township Health Department
Richard N. Martini, M.P.H.
Health Officer
700 Garretson Road, Box 6300
Bridgewater, New Jersey 08807-0300
(908) 725-6300 Fax # (908) 707-1235
Website: <http://www.webex.net/bridgewater>

BRIDGEWATER

Franklin Township Health Department
Walter P. Galanowsky, M.P.H.
Health Officer
935 Hamilton Street
Somerset, New Jersey 08873-3697
(732) 873-2500 ext. 250 Fax # (732) 214-0969

FRANKLIN TWP

Hillsborough Township Health Department
Glen Belnay, Ph.D.
Health Officer
555 Amwell Road
Neshanic, New Jersey 08853-1201
(908) 369-4313 Fax # (908) 369-8565

HILLSBOROUGH

MILLSTONE BORO

Montgomery Township Health Department
David A. Henry, M.P.H.
Health Officer
Municipal Building
2261 Route 206
Belle Mead, New Jersey 08502-4012
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E-mail address: monthhealth@aol.com

MONTGOMERY

North Plainfield Health Department
Herbert W. Roeschke, Sr., M.S.
Health Officer
263 Somerset Street
North Plainfield, New Jersey 07060
(908) 769-2907 Fax # (908) 769-6499

NORTH PLAINFIELD

Somerset County Health Department
John A. Horensky, M.S.
Health Officer
P.O. Box 3000, 20 Grove Street
County Administration Building
Somerville, New Jersey 08876-1262
(908) 231-7155 Fax # (908) 704-8042

Somerville Health Department
Steve Krajewski, M.P.H.
Health Officer
25 West End Avenue
Municipal Building
Somerville, New Jersey 08876-0399
(908) 704-6996 Fax # (908) 725-2859
E-mail address: skraj@njpha.org
Website: <http://www.njpha.org>

MANVILLE

RARITAN

SOMERVILLE

SUSSEX COUNTY

Hopatcong Board of Health
Carl Seber, B.A.
Health Officer
Municipal Building
111 River Styx Road
Hopatcong, New Jersey 07843-7843
(973) 770-1200 Fax # (973) 398-3650

HOPATCONG

Sparta Health Department
Ralph I. D'Aries, R.S., M.A.
Health Officer
65 Main Street
Sparta, New Jersey 07871-1986
(973) 729-6174 Fax # (973) 729-0063

FRANKLIN BORO
HARDYSTON
OGDENSBURG
SPARTA
STANHOPE

Sussex County Department of Health, Public Safety & Senior Services
Philip Morlock
Administrator
127 Morris Turnpike
Newton, New Jersey 07860-7860
(973) 948-4545 Fax # (973) 948-2593

ANDOVER BORO	LAFAYETTE
ANDOVER TWP	MONTAGUE
BRANCHVILLE	NEWTON
BYRAM	SANDYSTON
FRANKFORD	STILLWATER
FREDON	SUSSEX
GREEN TWP	WALPACK
HAMBURG	WANTAGE
HAMPTON	

Vernon Township Board of Health
Gene S. Osias, M.S.W.
Health Officer
Municipal Center, 21 Church Street
P.O. Box 340
Vernon, New Jersey 07462-0340
(973) 764-4055 Fax # (973) 764-4291

VERNON

UNION COUNTY

Clark Health Department
Nancy A. Ogonowski, M.P.H.
Health Officer
430 Westfield Avenue
Clark, New Jersey 07066
(732) 388-3600 ext. 3045 Fax # (732) 388-3839

CLARK

Township of Cranford Department of Health
Warren J. Hehl, M.P.A.
Health Officer
8 Springfield Avenue
Cranford, New Jersey 07016-2199
(908) 709-7238 Fax # (908) 276-7664

CRANFORD

Elizabeth Department of Health & Human Services
John N. Surmay
Health Officer
City Hall of Elizabeth G-12
50 Winfield Scott Plaza
Elizabeth, New Jersey 07201-2462
(908) 820-4060 Fax # (908) 820-4290

ELIZABETH

Linden Board of Health
Nancy Koblis
Health Officer
City Hall
301 North Wood Avenue
Linden, New Jersey 07036-4296
(908) 474-8409 Fax # (908) 474-8418

LINDEN ROSELLE

City of Plainfield Health Department
Ruby Hodge, M.S., M.A.
Health Officer
510 Watchung Avenue, P.O. Box 431
Plainfield, New Jersey 07061-0431
(908) 753-3084 Fax # (908) 753-3679
E-mail address: jdipane@plainfield.com
Website: <http://www.plainfield.com>

PLAINFIELD

Rahway Health Department
Anthony D. Deige
Health Officer
1 City Hall Plaza
Rahway, New Jersey 07065-3930
(732) 827-2081 Fax # (732) 381-7668

HILLSIDE
RAHWAY
SCOTCH PLAINS
WINFIELD TWP

Summit Health Department
Stuart B. Palfreyman, B.S.E.H., M.S.E.H., R.S.
Health Officer
512 Springfield Avenue
Summit, New Jersey 07901-3682
(908) 522-3614 Fax # (908) 277-0185

BERKELEY HEIGHTS
NEW PROVIDENCE
SUMMIT

Township of Union Department of Health
Dennis V. SanFilippo, M.P.A.
Health Officer
Municipal Building
1976 Morris Avenue
Union, New Jersey 07083-1894
(908) 851-8507 Fax # (908) 851-4673

UNION
KENILWORTH

Westfield Regional Health Department
Robert M. Sherr, M.A.
Health Officer
Municipal Building
425 East Broad Street
Westfield, New Jersey 07090-2197
(908) 789-4070 Fax # (908) 789-4076
E-mail address: health@westfieldnj.net
Website address: <http://www.westfieldnj.net/health>

FANWOOD
GARWOOD
MOUNTAINSIDE
ROSELLE PARK
SPRINGFIELD
WESTFIELD

WARREN COUNTY

Warren County Health Department
John A. Hawk, M.P.A.
Health Officer
319 W. Washington Ave. - Suite 1
Washington, New Jersey 07882-2153
(908) 689-6693 Fax # (908) 689-3832
E-mail address: warrenhd@nac.net

ALLAMUCHY
ALPHA
BELVIDERE
BLAIRSTOWN
FRANKLIN TWP
FRELINGHUYSEN
GREENWICH
HACKETTSTOWN

HARDWICK
HARMONY
HOPE
INDEPENDENCE
KNOWLTON
LIBERTY
LOPATCONG
MANSFIELD

OXFORD
PHILLIPSBURG
POHATCONG
WASHINGTON BORO
WASHINGTON TWP
WHITE TWP

B.4.8 WIC Referral Forms

**New Jersey State Department of Health
WIC/HEALTHSTART**

REFERRAL/NUTRITION ASSESSMENT FOR WOMEN

Please see instructions on last page

NAME OF CLIENT	TELEPHONE NUMBER	DATE OF BIRTH
ADDRESS OF CLIENT	CHECK ONE: Pregnant Breastfeeding Non-Breastfeeding	

REFERRAL (To be completed by Health Professional, including second page)

ANTHROPOMETRIC AND LABORATORY DATE (One Blood Test is Required)

First Prenatal Check-up:	Date: ____/____/____	# Weeks Gestation ____	Weight (pounds) ____	Pre-Preg (pounds) ____	Usual Wt (pounds) ____
Current Check-up:	Date: ____/____/____	# Weeks Gestation ____	Weight (pounds) ____	Height (inches) ____	
Blood Test:	Date: ____/____/____	Hb(mg/dl) ____	Hct ____%	EP(ug/dl) ____	Lead ____ Other ____

MEDICAL HISTORY

Gravida ____ Para ____ Ab/Misc ____ Stillbirth ____ EDC ____ ADC ____ Vag ____ "C" Section ____

Past Med/Surg History ____

Current Medical Problem(s) ____

Previous Preg Complications ____ Date Last Preg Ended ____/____/____

Physician/Clinic ____ Phone ____

Signature of Health Professional ____ Date: ____/____/____

WIC APPOINTMENT: Date: ____/____/____ Time: ____

ASSESSMENT (To be completed by Client or Health Professional)

- Are you taking any of the following?

Vitamins/Minerals	Yes	No	Amount: ____	Type: ____
Iron	Yes	No	Amount: ____	Type: ____
Over-the-Counter Medicines	Yes	No	Amount: ____	Type: ____
Special Medicines	Yes	No	Amount: ____	Type: ____
"Street" Drugs	Yes	No	Amount: ____	Type: ____
- How much did you smoke before you were pregnant? Amount: ____
How much do you smoke now? Amount: ____
- How much beer, wine cooler, or liquor do you drink per week? Amount: ____
- Are you on a special diet now? Yes No Prior to pregnancy? Yes No
- Are you experiencing?

Nausea	Yes	No	Heartburn	Yes	No
Frequent Vomiting	Yes	No	Flatus ("Gas")	Yes	No
Diarrhea	Yes	No	Dental Problems	Yes	No
Constipation	Yes	No	Bleeding Gums	Yes	No
- Do you eat?

Paint Chips	Yes	No	Dirt	Yes	No
Laundry Starch	Yes	No	Clay	Yes	No
Corn Starch	Yes	No	Plaster	Yes	No
Ice	Yes	No	Other Cravings	Yes	No
- Do you have a working?

Stove	Yes	No	Sink with water supply	Yes	No
Refrigerator	Yes	No			
- Are you on any program?

WIC	Yes	No	HealthStart/	Yes	No
Child Support Enf	Yes	No	Presumptively Eligible	Yes	No
Food Stamps	Yes	No	AFDC/Medicaid	Yes	No
- How do you plan to or presently feed your baby?

Breastmilk	Yes	No	Formula	Yes	No	Undecided?	Yes	No
------------	-----	----	---------	-----	----	------------	-----	----
- Do you do the following daily?

Work	Yes	No	Type: ____
Care for Children	Yes	No	How Many: ____
Exercise	Yes	No	Type: ____
- If pregnant, how much weight (pounds) do you plan to gain? ____
- Where do you plan to or presently take your child for medical care? ____

New Jersey State Department of Health
WIC/HEALTHSTART
INSTRUCTIONS

REFERRAL/NUTRITION ASSESSMENT FOR WOMEN

--- AGENCY USE ONLY ---

Referral Section *(Complete by Health Professional)*

- 1) Fill in client's name, address, phone number, date of birth, or use addressograph stamp.
- 2) Check status of woman being referred.
- 3) Fill in data on first prenatal check-up and current check-up, if applicable.
- 4) One blood test is required prior to submitting this form to WIC. Pregnant women need blood test that was done during pregnancy. Postpartum women (breastfeeding and non-breastfeeding) need blood test that was done after delivery.
- 5) Complete Gravida, Para, Abortions, Miscarriages.
- 6) Fill in EDC (Estimated Date of Confinement) for prenatal clients.
- 7) Fill in ADC (Actual Date of Confinement), vaginal or "C" Section delivery for postpartum clients.
- 8) Complete past medical/surgical history based on client's record.
- 9) Fill in any pertinent current medical problems diagnosed.

Information in this section should NOT include most recent pregnancy for postpartum women.

- 10) Complete previous pregnancy complications, referring to list below:

Write approximate letter or letters on space provided.

- a) Hx of low birth weight infant(s) [<5.5 pounds]
- b) Hx of premature infant(s) [<37 weeks gestation]
- c) Hx of infant(s) > 10 pounds at birth
- d) Hx of or planned C-section
- e) Multiple pregnancy or recent multiple birth
- f) Medical problems (e.g., diabetes, hypertension, preeclampsia, eclampsia)
- g) Disability that may compromise adequacy of diet
- h) Social or environmental condition that may compromise adequacy of diet
- i) Substance use (e.g., alcohol, drugs, cigarettes, pica)
- j) Vitamin/mineral supplement or medicine prescription
- k) Special formula prescription and medical reason for its necessity
- l) Other pertinent health/medical data

- 1) Fill in physician's name or clinic and phone number.
- 2) Signature of referring health professional IS REQUIRED, with current date.

Assessment Section/Food Frequency *(Page 1 and 2)*

- 1) This section may be completed by the client or a health professional.
- 2) If completed by client, it must be reviewed by the health professional for accuracy and completeness. Check the appropriate answer for questions 1-18. Any responses that do NOT meet WIC and/or HealthStart standards demand further clarification.
- 3) The health professional should compare the food frequency with the recommended servings needed daily for pregnant/postpartum women and formulate a nutrition plan of care accordingly.
- 4) The Nutrition Assessment and Plan of Care must be written according to the hospital/HealthStart Agency/WIC State policy and procedure.
- 5) Upon completion of nutrition education, the health professional must circle the appropriate Nutrition Education Topics and record the date. (More topics below) If materials are provided, write the appropriate Topic Code in the space labeled "Other".

- | | | |
|---|-----------------------------|------------------------|
| 05 – Child Nutrition | 11 – Mealtime Psychology | 18 – Sugar in Diet |
| 06 – Dental Health | 12 – Nutrients in WIC Foods | 19 – Vitamin A in Diet |
| 07 – Fat in Diet | 15 – Salt in Diet | 20 – Vitamin C in Diet |
| 08 – Food Budget/Consumer Awareness/Meal Planning | 16 – Smoking & Pregnancy | 44 – Now Show |
| 09 – Fruit and Vegetables | 17 – Snacking | 45 – Client Refused |

NAME AND ADDRESS OF WIC PROGRAM, HEALTHSTART AGENCY, PHYSICIAN OR CLIC:

TELEPHONE NUMBER

INSTRUCTIONS

Assessment Section/Food Frequency (*Page 1 and 2*)

- 1) This section may be completed by the client or a health professional.
- 2) If completed by the client, it must be reviewed by the health professional for accuracy and completeness. Check the appropriate answer for questions 1-18. Any responses that do NOT meet WIC and/or HealthStart standards demand further clarification.
- 3) The health professional should compare the food frequency with the recommended servings needed daily for pregnant/postpartum women and formulate a nutrition plan accordingly.
- 4) The Nutrition Assessment and Plan of Care must be written according to the hospital/HealthStart Agency/WIC State policy and procedure.
- 5) Upon completion of nutrition education, the health professional must circle the appropriate Nutrition Education Topic Code and write the date education was provided.
- 6) Listed below are a continuation of nutrition Education Topics. If materials are provided, write the appropriate Topic Code in the space labeled "Other".

05 – Child Nutrition
06 – Dental Health
07 – Fat in the Diet
08 – Food Budgeting/Consumer Awareness/Meal Planning
09 – Fruit and Vegetables
11 – Mealtime Psychology
12 – Nutrients in WIC Foods
15 – Salt in the Diet
16 – Smoking and Pregnancy
17 – Snacking
18 – Sugar in Diet
19 – Vitamin A in Diet
20 – Vitamin C in Diet
44 – No Show
45 – Client Refused

B.4.9 Mental Health/Substance Abuse Screening Tools

Patient Problem Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

1. During the <u>last 4 weeks</u>, how much have you been bothered by any of the following problems?	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, leg, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Questions about anxiety.**NO****YES**

- a. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?

☐☐**If you checked “NO”, go to question #5.**

- b. Has this ever happened before?
- c. Do some of these attacks come suddenly out of the blue – that is, in situations where you don’t expect to be nervous or uncomfortable?
- d. Do these attacks bother you a lot or are you worried about having another attack?

☐☐☐☐☐☐**4. Think about your last bad anxiety attack.****NO****YES**

- a. Were you short of breath?
- b. Did your heart race, pound, or skip?
- c. Did you have chest pain or pressure?
- d. Did you sweat?
- e. Did you feel as if you were choking?
- f. Did you have hot flashes or chills?
- g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?
- h. Did you feel dizzy, unsteady, or faint?
- i. Did you have tingling or numbness in parts of your body?
- j. Did you tremble or shake?
- k. Were you afraid you were dying?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐**5. Over the last 4 weeks, how often have you been bothered by any of the following problems?****Not at all****Several
days****More than
half the
days**

- a. Feeling nervous, anxious, on edge, or worrying a lot about different things

☐☐☐**If you checked “Not at all”, go to question #6.**

- b. Feeling restless so that it is hard to sit still
- c. Getting tired very easily
- d. Muscle tension, aches, or soreness
- e. Trouble falling asleep or staying asleep
- f. Trouble concentrating on things, such as reading a book or watching TV
- g. Becoming easily annoyed or irritable

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Questions about eating.	NO	YES
a. Do you often feel that you can't control <u>what</u> or <u>how much</u> you eat?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you often eat, <u>within any 2-hour period</u> , what most people would regard as any unusually <u>large</u> amount of food?	<input type="checkbox"/>	<input type="checkbox"/>

If you check "NO" to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last 3 months have you often done any of the following in order to avoid gaining weight?	NO	YES
a. Made yourself vomit?	<input type="checkbox"/>	<input type="checkbox"/>
b. Took more than twice the recommended does of laxatives?	<input type="checkbox"/>	<input type="checkbox"/>
c. Fasted-not eaten anything at all for at least 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	NO	YES
9. Do you ever use drugs for reasons that are not medical or misuse drugs that were prescribed for a medical reason?		

Have any of the following happened to you more than once in the last 6 months?

	NO	YES
a. You used drugs even though a doctor suggested that you stop using them because of a problem with you health?	<input type="checkbox"/>	<input type="checkbox"/>
b. You used drugs, were high from drugs, or hung over while you were working, going to school, or taking care of children or other responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
c. You missed or were late for work, school, or other activities because you were using drugs or hung over?	<input type="checkbox"/>	<input type="checkbox"/>
d. You had a problem getting along with other people while you were using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
e. You drove a car after using drugs?	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you ever drink alcohol (including beer or wine)?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "NO" go to question #11.

11. Have any of the following happened to you <u>more than once in the last 6 months</u>?	NO	YES
--	-----------	------------

- | | | |
|--|--------------------------|--------------------------|
| a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You missed or were late for work, school, or other activities because you were drinking or hung over | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You had a problem getting along with other people while you were drinking | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You drove a car after having several drinks or after drinking to much | <input type="checkbox"/> | <input type="checkbox"/> |

12. If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In these questions “**drink**” means any drink with alcohol, including beer, wine or liquor, and “**drug**” means any illegal drug or addictive medicine used more than your doctor prescribed.

Please answer all pertinent questions.

- On average, how many **days per week** do you drink or use drugs? _____
 - On a typical day when you drink, or use drugs, how much do you use? _____
 - What is the maximum number of drinks/drugs you had on any given occasion **during the last month?** _____
 - What is the maximum number of drinks/drugs you had on any given occasion **during the last year?** _____
-

14. *Please check appropriate box.*

	YES	NO
1. Have you ever felt you ought to Cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people Annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or Guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? (Eye Opener)	<input type="checkbox"/>	<input type="checkbox"/>

PEDIATRIC SYMPTOM CHECKLIST

Please mark under the heading that best describes your child:

	Never	Sometimes	Often
1. Complains of aches or pains	_____	_____	_____
2. Spends more time alone	_____	_____	_____
3. Tires easily, little energy	_____	_____	_____
4. Fidgety, unable to sit still	_____	_____	_____
5. Has trouble with a teacher	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Acts as if driven by a motor	_____	_____	_____
8. Daydreams too much	_____	_____	_____
9. Distressed easily	_____	_____	_____
10. Is afraid of new situations	_____	_____	_____
11. Feels sad, unhappy	_____	_____	_____
12. Is irritable, angry	_____	_____	_____
13. Feels hopeless	_____	_____	_____
14. Has trouble concentrating	_____	_____	_____
15. Loses interest in friends	_____	_____	_____
16. Fights with other children	_____	_____	_____
17. Absent from school	_____	_____	_____
18. School grades dropping	_____	_____	_____
19. Is down on himself or herself	_____	_____	_____
20. Visits physician, but physician finds nothing wrong	_____	_____	_____
21. Has trouble with sleeping	_____	_____	_____
22. Worries a lot	_____	_____	_____
23. Wants to be with you more than before	_____	_____	_____
24. Feels he or she is bad	_____	_____	_____
25. Takes unnecessary risks	_____	_____	_____
26. Gets hurt frequently	_____	_____	_____
27. Seems to be having less fun	_____	_____	_____
28. Acts younger than children his or her age	_____	_____	_____
29. Does not listen to rules	_____	_____	_____
30. Does not show feelings	_____	_____	_____
31. Does not understand other people's feelings	_____	_____	_____
32. Teases others	_____	_____	_____
33. Blames others for his or her troubles	_____	_____	_____
34. Takes things that do not belong to him or her	_____	_____	_____
35. Refuses to share	_____	_____	_____

M.S. Jelinek, M.D. and J.M Murphy, Massachusetts General Hospital, Boston.

B.4.10 Centers of Excellence

The table on the following pages lists centers of excellence.

Centers of Excellence

Pediatric Ambulatory Tertiary Centers

William Sharrar, M.D.,
Medical Director
Cooper Hospital/University Medical Center
Three Cooper Plaza
Camden, New Jersey 08103-1489
Phone: (856) 342-2298
Fax: (856) 963-2514

Averil Jones,
Nurse Manager
Children's Hospital of New Jersey at Newark Beth Israel
Tertiary Services
201 Lyons Avenue
Newark, New Jersey 07112
Phone: (973) 926-7328
Beeper: (973) 281-6793

Mary Lotze, RN,
Administrator
UMDNJ/Robert Wood Johnson Medical School
Tertiary Services
97 Paterson Street
New Brunswick, New Jersey 08903
Phone: (732) 235-7080
Fax: (732) 235-7088
Email: lotzema@umdnj.edu

Regional Cleft Lip/Palate Craniofacial Anomalies Centers

Marilyn Cohen,
Coordinator
Cooper Hospital/University Medical Center
Cleft Palate Services
900 Centennial Road, Suite F
New Jersey 08043
Phone: (856) 325-6720
Fax: (856) 325-6727
Email: cohen-marilyn@cooperhealth.edu

Beryl Chassin,
Coordinator
Monmouth Medical Center
Regional Cleft Palate Services
300 Second Avenue
Long Branch, New Jersey 07740-6565
Phone: (732) 923-7653
Fax: (732) 923-7655
Email: bchassin@sbhcs.com

Tena Turner, RN, MSN.,
Bipin Patel, M.D.,
Medical Director
St. Peter's University Hospital
Craniofacial Ctr. – Neurosurgical Ctr.
MOB 5th Floor
254 Easton Avenue
New Brunswick, New Jersey 08901-1780
Phone: (732) 745-7943
Fax: (732) 828-2354
Email: turnertena@aol.com

William Roche, MS
Coordinator,
Regional Craniofacial Center
St. Joseph's Medical Center
703 Main Street
Paterson, New Jersey 07503
Phone: (973) 754-2924
Fax: (973) 754-2934
Email: rochew@sjhmc.org
rochebill@hotmail.com

Lisa Barsky, Ph. D.
St. Barnabas Ambulatory Care Center
Regional Craniofacial Center
200 South Orange Avenue
Livingston, NJ 07039
Phone: (908) 322-7123
Email: lbarsky@sbhcs.com

New Jersey Statewide Network of Pediatric HIV treatment Centers

FXB Center
University of Medicine & Dentistry of New Jersey
ADMC #4
30 Bergen St.
Newark, NJ 07107
Phone: (973) 972-0400
Fax: (973) 972-0396

Newark Beth Israel Medical Center
Family Treatment Center, G3
201 Lyons Ave.
Newark, NJ 07112
Phone: (973) 926-8004
Fax (973) 926-4584 or 6452

Department of Pediatrics
Cooper Hospital/University Medical Center
3 Cooper Plaza, Suite 200, Rm. 202
Camden, NJ 08103
Phone: (856) 342-2089
Fax (856) 968-8414

Jersey City Medical Center
AIDS Health Services
50 Baldwin Ave.
Jersey City, NJ 07304
Phone: (201) 915-2295
Fax (201) 915-2213

Robert Wood Johnson Medical School
Department of Pediatrics
Division of Immunology, Allergy & Infectious Diseases
1 Robert Wood Johnson Place, PO BOX 19
New Brunswick, NJ 08903
Phone: (732) 235-7894
Fax (732) 235-7419

St. Joseph's Hospital & Medical Center
Department of Community Medicine
703 Main St.
Paterson, NJ 07503
Phone: (973) 754-4713
Fax (973) 279-3618

Affiliate Center

Jersey Shore Medical Center
Department of Pediatrics A-240
1945 Corlies Ave.
Neptune, NJ 07754
Phone: (732) 776-4271
Fax: (732) 776-4648

**Comprehensive Regional Sickle Cell/Hemoglobinopathies Treatment
Centers**

Renuka B. Nigam, M.D.,
Chief
Jersey City Medical Center
Department of Pediatrics
50 Baldwin Avenue
Clinic Building, 5th Floor
Jersey City, New Jersey 07304-3199
Pediatric Hematology/Oncology
Phone: (201) 915-2455
Fax: (201) 915-2459
Email: sarveshkni@aol.com

Alice Cohen, M.D.
Director
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201 Lyons Avenue
Newark, New Jersey 07112-2094
Pediatric Hematology/Oncology
Phone: (973) 926-7230
Fax: (973) 926-9568
Email: acohen@sbhcs.com

Richard Drachtman, M.D.
Division of Pediatric Hematology/Oncology
The Institute for Children with Cancer and Blood Disorders
The Cancer Institute of New Jersey
195 Little Albany St.
New Brunswick, NJ 08901
Phone: (732) 235-7898
Fax: (732) 235-6562
Email: drachri@umdnj.edu

University Hospital/UMDNJ
Division of Pediatric Hematology/Oncology
UH Room F342
150 Bergen Street
Newark, NJ 07013-2406
Phone: (973) 972-1011 or 972-0658

Frances Flug, M.D.
Pediatric Hematology/Oncology
Medical Center
Tomorrow's Children Institute
Hackensack University Medical Center
30 Prospect Avenue
Hackensack, New Jersey 07601-1991
Phone: (201) 996-5437

Susan F. Travis, M.D.,
Director
Children's Hospital of Philadelphia
New Jersey Section of Hematology/Oncology
Specialty Care Center
1012 Laurel Oak Road
Voorhees, NJ 08043
Phone: (856) 435-7502

Anne Hurlet, M.D.
UMDNJ/NJ Medical School
Comprehensive Sickle Cell Program
185 South Orange Ave.
Newark, NJ 07103
Phone: (973) 972-1061

Jill Manell, M.D.
Chief, Pediatric Hematology/Oncology
St. Joseph's Hospital and Medical Center
703 Main Street
Paterson, NJ 07503
Phone: (973) 754-3229 or 754-2500

Anne G. Nepo, M.D.
Pediatric Hematology/Oncology
St. Barnabas Medical Center
101 Old Short Hills Road
Livingston, NJ 07039
Phone: (973) 325-6700

PKU Treatment Centers

Barbara Marcelo Evans, M.D.,
Medical Director
Cooper Hospital/University Medical Center
Southern New Jersey Regional PKU Program
Three Cooper Plaza – Suite 200
Camden, New Jersey 08103-1489
Phone: (856) 342-2257
Email: evansbarbara@cooperhealth.edu
Mail Attn: Ann Starr
Phone: (856)342-2290
Fax: (856) 968-8581

Carol Gernat,
Coordinator
Anna Haratounian, M.D.,
Medical Director
Children's Hospital of New Jersey at Newark Beth Israel
Regional PKU Program
201 Lyons Avenue
Newark, New Jersey 07112
Phone: (973) 926-6898
Fax: (973) 923-2118

Genetic Centers

Janine Merendino, R.N.
Atlantic City Medical Center
Genetic Services
1925 Pacific Avenue, 4th Floor
Atlantic City, NJ 08401
Phone: (609) 441-8156
Fax: (609) 441-8157
Email: janine.merendino@atlanticcare.org

Lynn Howard, R.N.
Coordinator
Rhonda Schnur, M.D.
Genetics Program
The Children's Regional Hospital
Three Cooper Plaza, Suite 309
Camden, NJ 08103
Phone: (856) 968-7248
Fax: (856) 541-6213
Email: howard-lynn@cooperhealth.edu

Sivya Twersky, M.S.
Manager
Genetics Services
Hackensack University Medical Center
Suite 258
30 Prospect Avenue
Hackensack, NJ 07601
Phone: (201) 996-5264 or (201) 996-5258
Fax: (201) 996-0827
Email: stwersky@humed.com

Jane Murphy, MS
Coordinator
Genetic Services
Jersey City Medical Center
50 Baldwin Avenue, 8th Floor Clinic Bldg.
Jersey City, NJ 07304-3199
Phone: (201) 915-2095
Fax: (201) 915-2481

Carolee Watkins, M.S., MA, CGC
Coordinator, Genetics Services
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B.4.11 Special Child Health Services Network

The following pages list special child health services network agencies by provider type.

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL CHILD, ADULT AND EARLY INTERVENTIONS SERVICES
COUNTY CASE MANAGEMENT UNITS**

Atlantic County SCHS-Case Management Unit

Department of Intergenerational Services
101 South Shore Road
Northfield, NJ 08225-2320

PHONE: (609) 645- 7700 ext. 4358

FAX: (609) 645-5907

Bergen County SCHS-Case Management Unit

Bergen County Department of Health Services
327 E. Ridgewood Avenue, Rm. 206
Paramus, NJ 07652-4895

PHONE: (201) 599-6153

FAX: (201) 599-8947

Burlington County SCHS-Case Management Unit

Community Nursing Services
Raphael Meadow Health Center
Woodlane Road
PO Box 287

Mount Holly, NJ 08060-0287

PHONE: (609) 267-1950

FAX: (609) 702-0541

Camden County SCHS-Case Management Unit

Camden County Division of Health
Jefferson House -Lakeland Road
PO Box 9

Blackwood, NJ 08012-0009

PHONE: (856) 374-6021 or (800) 999-9045

FAX: (856) 374-9734

Cape May County SCHS-Case Management Unit

Cape May Department of Health
6 Moore Rd. Crest Haven Complex
Cape May Court House, NJ 08210-3067

PHONE: (609) 465-1203

FAX: (609) 463-3527

Cumberland County SCHS-Case Management Unit

Cumberland County Department of Health
790 East Commerce Street
Bridgeton, NJ 08302-2293

PHONE: (856) 453-2154

FAX: (856) 453-0338

Essex County SCHS – Case Management Unit

Essex County Department of Health and Rehabilitation
Division of Community Health Services
Unit of Special Child Health Services
160 Fairview Avenue, Rawson Hall, Bldg. #37
Cedar Grove, NJ 07009

PHONE: (973) 857-4663

FAX: (973) 857-2842

Gloucester County SCHS-Case Management Unit

Gloucester County Health Department
160 Fries-Mill Road
Turnersville, NJ 08012-2496

PHONE: (856) 262-4100 ext. 4157

FAX: (856) 629-0469

Hudson County SCHS-Case Management Unit

Jersey City Medical Center
50 Baldwin Avenue, Department 2124
12th Floor Clinic Bldg.
Jersey City, NJ 07304-3199

PHONE: (201) 915-2514

FAX: (201) 915-2565

Hunterdon County SCHS-Case Management Unit

Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822-9238

PHONE: (908) 788-6396

FAX: (908) 788-6581

Mercer County SCHS-Case Management Unit

Sypek Center
129 Bull Run Road
Pennington, NJ 08534

PHONE: (609) 730-4152 or 730-4151

FAX: (609) 730-4154

Middlesex County SCHS-Case Management Unit

Middlesex County Department of Health
John F. Kennedy Square, 5th Floor
New Brunswick, NJ 08901

PHONE: (732) 745-3100

FAX: (732) 296- 0799

Monmouth County SCHS-Case Management Unit

Special Child Health Services/Early Intervention
Monmouth County
141 Bodman Place
Red Bank, NJ 07701

PHONE: (732) 224-6950

FAX: (732) 747-4404

Morris County SCHS-Case Management Unit

Morristown Memorial Hospital
100 Madison Avenue, Box 99
Morristown, NJ 07960-6095

PHONE: (973) 971-4155

FAX: (973) 290- 7358

Ocean County SCHS-Case Management Unit

Ocean County Department of Health
PO Box 2191 Sunset Avenue
Toms River, NJ 08754-2191

PHONE: (732) 341-9700 ext. 7602

FAX: (732) 341-5461

Passaic County SCHS-Case Management Unit

Catholic Family and Community Services
279 Carroll Street
Paterson, NJ 07501

PHONE: (973) 523-6778

FAX: (973) 523-1715

E-mail: schspassaic@aol.com

Salem County SCHS-Case Management Unit

Salem County Department of Health
98 Market Street
Salem, NJ 08079-1911

PHONE: (856) 935-7510 ext. 8479

FAX: (856) 935-8483

Somerset SCHS-Case Management Unit

Somerset Handicapped Children's Treatment Center

377 Union Avenue

P.O. Box 6824

Bridgewater, NJ 08807-0824

PHONE: (908) 725-2366

FAX: (908) 725-3945

Sussex County SCHS-Case Management Unit

Sussex County Health Department

Division of Public Health Nursing

129 Morris Turnpike

Newton, NJ 07860

PHONE: (973) 948-5400 ext. 62

FAX: (973) 948-2270

Union County SCHS-Case Management Unit

328 South Avenue

Fanwood, NJ 07023

PHONE: (908) 889-0950

FAX: (908) 889-7535

Warren County SCHS-Case Management Unit

Warren County Health Department

Special Child Health Services

162 East Washington Avenue

Washington, NJ 07882-2196

PHONE: (908) 689-6000 ext. 258

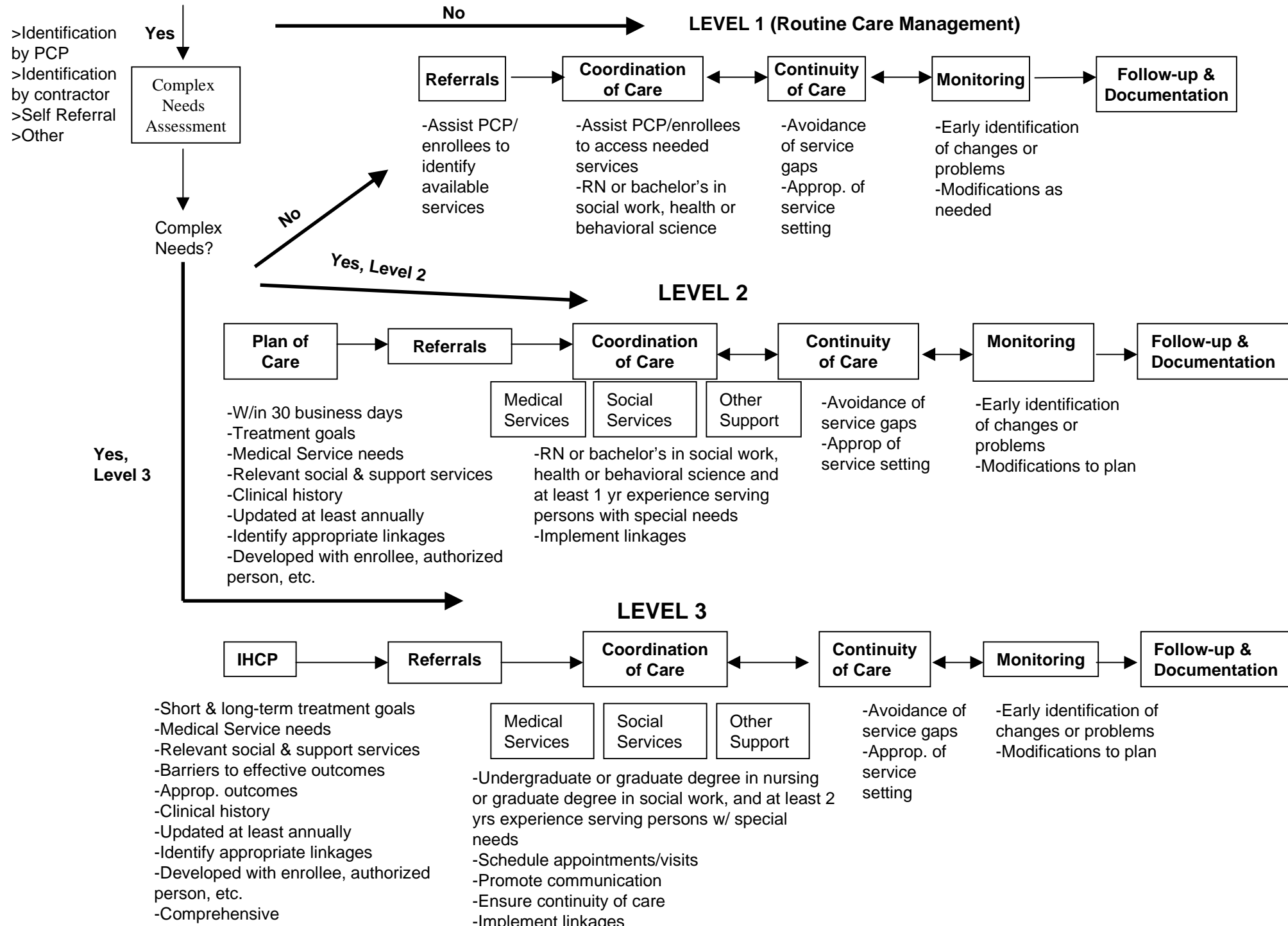
FAX: (908) 835-1172

E-mail: [wcschs\(@\)netscape.net](mailto:wcschs@netscape.net)

B.4.12 Care Management Flow Chart

CARE MANAGEMENT

Referral for Complex Needs Assessment



B.4.13 Ryan White CARE Act Grantees

**RYAN WHITE HIV CARE
CONSORTIA/RESOURCE CENTERS**

The Consortia/Resource Centers provide regional planning and coordination of comprehensive HIV-related services: information and referral, prevention education, and a network of care and treatment based on community-based case management.

AIDS Coalition of Southern New Jersey

Resource Center
100 Essex Road, Suite 300
Bellmawr, NJ 08031
(609)933-9500 FAX (609)933-9515

Good Shepherd Community Services, Inc.

1576 Palisade Avenue
Ft. Lee, NJ 07024
(201)461-7241 FAX (201)461-2307

Mercer County HIV Consortium

447 Bellevue Avenue
Trenton, NJ 08618
(609)278-9555 or (800)550-6755 FAX (609)278-0553

Middlesex County HIV Resource Center

Visiting Nurse Association of Central Jersey
275 Hobart Street
Perth Amboy, NJ 08861
(732)442-6225 FAX (732)442-4285

Monmouth-Ocean HIV Care Consortium

VNA of Central Jersey Foundation, Inc.
625 Bangs Avenue
Asbury Park, NJ 07712
(732)502-5122 or (800)947-0020 FAX (732)774-6006
Resource Center: (732)502-5128

Passaic County AIDS Resource Center

Coalition on AIDS in Passaic County, Inc.
100 Hamilton Plaza, Room 707
Paterson, NJ 07505
(973)742-6742 FAX (973)742-6750

Somerset-Hunterdon HIV Care Consortium

Women's Health and Counseling Center
95 Veteran's Memorial Drive
Somerville, NJ 08876
(800)313-2335 FAX (908)526-7023
Resource Center: (908)704-9641

South Jersey AIDS Alliance

Resource Center-Atlantic/Cape May HIV Case Consortium
19 Gordon's Alley
Atlantic City, NJ 08101
(609)347-1085 FAX (609)348-8775

South Jersey Council on AIDS

(serving Burlington, Camden, Salem and Gloucester)
120 White Horse Pike, Suite 110
Haddon Heights, NJ 08035
(609)547-6600 FAX (609)547-6656

The HIV Care Consortium/Resource Center

Atlantic City Medical Center
16b South Ohio Avenue
Atlantic City, NJ 08401
(609)441-8181 or (800)281-2437 FAX (609)441-8938

Union County HIV Consortium

Union County HIV Resource Center
80 West Grand Street-Lower Level
Elizabeth, NJ 07202
(908)352-770 or (800)279-2437 FAX (908)352-7727

B.4.14 New Jersey Modified QARI/QISMC Standards

STANDARD I: WRITTEN QAPI DESCRIPTION - The organization has a written description of its Quality Assessment and Performance Improvement Program (QAPI). This written description meets the following criteria:

- A. goals and objectives** - The written description contains a detailed set of QA objectives which are developed annually and include a timetable for implementation and accomplishment. The QAPI includes performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction.
- B. scope -**
 - 1. The scope of the QAPI is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service, such as and including: availability, accessibility, coordination, and continuity of care.
 - 2. The QAPI methodology provides for review of the entire range of care provided by the organization, by assuring that all demographic groups, care settings, (e.g., inpatient, ambulatory, [including care provided in private practice offices] and home care), and types of services (e.g., preventive, primary, specialty care, and ancillary) are included in the scope of the review. (This review of the entire range of care is expected to be carried out over multiple review periods and not on a concurrent basis).
 - 3. The QAPI describes how it will meet the outcomes and performance standards specified in the contract.
- C. specific activities** - The written description specifies quality of care studies and performance improvement projects and other activities to be undertaken over a prescribed period of time, and methodologies and organizational arrangements to be used to accomplish them. Individuals responsible for the studies and other activities are clearly identified and are appropriate.
- D. continuous activity** - The written description provides for continuous performance of the activities, including tracking of issues over time.
- E. provider review** - The QAPI provides for:
 - 1. review by physician and other health professionals of the process followed in the provision of health services; and
 - 2. feedback to health professionals and HMO staff regarding performance and patient results.

- F. focus on health outcomes** - The QAPI methodology addresses health outcomes to the extent consistent with existing technology.

STANDARD II: SYSTEMATIC PROCESS OF QUALITY ASSESSMENT AND IMPROVEMENT - The QAPI objectively and systematically monitors and evaluates the quality and appropriateness of care and service to enrollees, through quality of care studies and related activities, and pursues opportunities for improvement on an ongoing basis.

The QAPI has written guidelines for its quality of care studies and related activities which include:

A. specification of clinical or health services delivery areas to be monitored

1. The monitoring and evaluation of care reflects the population serviced by the managed care organization in terms of age groups, disease categories, and special risk status.
2. For the Medicaid population, the QAPI monitors and evaluates, at a minimum, care and services in certain priority areas of concern selected by the State. Clinical focus areas applicable to all enrollees are as follows:
 - a) Primary, secondary, and/or tertiary prevention of acute conditions;
 - b) Primary, secondary, and/or tertiary prevention of chronic conditions;
 - c) Care of acute conditions;
 - d) Care of chronic conditions;
 - e) High-volume services
 - f) High-risk services; and
 - g) Continuity and coordination of care
3. The State may require an organization to conduct particular projects that are specific to the organization and that relate to topics and involve quality indicators of the State choosing.
4. Organizations may collaborate with one another, subject to the approval of the State.
5. If a project is conducted over a period of more than one review year the project will be considered as achieving improvement in each year for which it achieves an improvement meeting the requirements specified or a project may be considered as achieving improvement in each year for which it achieves an improvement that does not meet the requirements specified but that constitutes an intermediate target specified in a project work plan developed in consultation with the State.

6. At its discretion and/or as required by the State Medicaid agency, the organization's QAPI also monitors and evaluates other important aspects of care and service.
 - a) Non-clinical focus areas applicable to all enrollees are as follows:
 - i) Availability, accessibility, and cultural competency of services;
 - ii) Interpersonal aspects of care, e.g., quality of provider/patient encounters; and
 - iii) Appeals, grievances, and other complaints.
 - b) Within each required focus area, the organization selects a specific topic or topics to be addressed by a project. Topics should be selected and prioritized to achieve the greatest practical benefit for enrollees.

B. use of quality indicators - Quality indicators are measurable variables relating to a specified clinical or health services delivery area, which are reviewed over a period of time to monitor the process or outcomes of care delivered in that area.

1. The organization identifies and uses quality indicators that are objective, measurable, and based on current knowledge and clinical experience, or health services research.
2. All indicators measure changes in health status, functional status, or enrollee satisfaction, or valid proxies of these outcomes. Measures of processes are used as a proxy for outcomes only when those processes have been established through published studies or a consensus of relevant practitioners to be significantly related to outcomes.
3. Indicators selected for a topic in a clinical focus area include at least some measure of change in health status or functional status or process of care proxies for these outcomes. Indicators may also include measures of satisfaction.
4. For the priority areas selected by the State from the HCFA Medicaid Bureau's list of priority clinical and health services delivery areas of concern, the organization monitors and evaluates quality of care through studies which include, but are not limited to, the quality indicators also specified by the HCFA's Medicaid Bureau.
5. Methods and frequency of data collection are appropriate and sufficient to detect need for program change. Assessment of the organization's performance on the selected indicators is based on systematic, ongoing collection and analysis of valid and reliable data.

- a) The organization establishes a baseline measure of its performance on each indicator, measures changes in performance, and continues measurement for at least one year after a desired level of performance is achieved.
- b) When sampling is used, sampling methodology for assessment of the organization's performance shall be such as to ensure that the data collected validly reflect:
 - i) The performance of all practitioners and providers who serve Medicaid/NJ FamilyCare enrollees and whose activities are the subject of the indicator; and
 - ii) The care given to the entire population (including special populations with complex care needs) to which the indicator is relevant.

C. use of clinical care standards/practice guidelines -

- 1. The QAPI studies and other activities monitor quality of care against clinical care or health service delivery standards or practice guidelines specified for each area identified in "A," above.
- 2. Guidelines are based on reasonable medical evidence or a consensus of health care professionals in the particular field, consider the needs of the enrolled population, are developed in consultation with contracting health care professionals, and are reviewed and updated periodically. Guidelines, including any admission, continued stay, and discharge criteria used by the organization, are communicated to all providers and enrollees when appropriate, and to individual enrollees when requested.
- 3. The standards/guidelines focus on the process and outcomes of health care delivery, as well as access to care.
- 4. A mechanism is in place for continuously updating the standards/guidelines.
- 5. The standards/guidelines shall be included in provider manual developed for use by HMO providers or otherwise disseminated to providers as they are adopted.
- 6. The standards/guidelines address preventive health services.
- 7. Standards/guidelines are developed for the full spectrum of populations enrolled in the plan.

8. The QAPI shall use these standards/guidelines to evaluate the quality of care provided by the managed care organization's providers, whether the providers are organized in groups, as individuals, as IPAs, or in combination thereof.
9. The organization implements written policies and procedures for evaluating new medical technologies and new uses of existing technologies. The evaluations take into account coverage decisions by Medicare intermediaries and carriers, national Medicare coverage decisions, and federal and state Medicaid coverage decisions, as appropriate.

D. analysis of clinical care and related services -

1. Appropriate clinicians monitor and evaluate quality through review of individual cases where there are questions about care, and through studies analyzing patterns of clinical care and related service. For quality issues identified in the QAPI's targeted clinical areas, the analysis includes the identified quality indicators and uses clinical care standards or practice guidelines.
2. Multidisciplinary teams are used, where indicated, to analyze and address systems issues.
3. From 1. and 2., clinical and related service areas requiring improvement are identified.

E. implementation of remedial/corrective actions -

The QAPI includes written procedures for taking appropriate remedial action whenever, as determined under the QAPI, inappropriate or substandard services are furnished, or services that should have been furnished were not.

These written remedial/corrective action procedures include:

1. specification of the types of problems requiring remedial/corrective action;
2. specification of the person(s) or body responsible for making the final determinations regarding quality problems;
3. specific actions to be taken;
4. provision of feedback to appropriate health professionals, providers and staff;
5. the schedule and accountability for implementing corrective actions;

6. the approach to modifying the corrective action if improvements do not occur;
7. procedures for terminating the affiliation with the physician, or other health professional or provider.

F. assessment of effectiveness of corrective actions -

1. As actions are taken to improve care, there is monitoring and evaluation of corrective actions to assure that appropriate changes have been made. In addition, changes in practice patterns are tracked.
2. The managed care organization assures follow-up on identified issues to ensure that actions for improvement have been effective.

G. evaluation of continuity and effectiveness of the QAPI -

1. The managed care organization conducts a regular and periodic examination of the scope and content of the QAPI to ensure that it covers all types of services in all settings, as specified in STANDARD I-B-2.
2. At the end of each year, a written report on the QAPI is prepared, which addresses: QA studies and other activities completed; trending of clinical and service indicators and other performance data; demonstrated improvements in quality; areas of deficiency and recommendations for corrective action; and an evaluation of the overall effectiveness of the QAPI.
3. There is evidence that QA activities have contributed to significant improvements in the care delivered to members.
4. The organization's interventions result in significant demonstrable improvement in its performance as evidenced in repeat measurements of the quality indicators specified for each performance improvement project undertaken by the organization.
 - a) When a project measures performance on quality indicators by collecting data on all units of analysis in the population to be studied (i.e., a census), significant improvement is demonstrated by achieving:
 - i) In the case of a statewide Medicaid project, a benchmark level of performance defined in advance by the State Medicaid agency; or

- ii) In the case of a project developed by the organization itself, a benchmark level of performance that is defined in advance by the organization. The organization's benchmark must reduce the performance gap (the percent of cases in which the measure is failed) by at least 10 percent.
 - iii) In the case of a project developed by the organization to reduce disparities between minorities and other members, a reduction of at least 10 percent in the number of minority enrollees (or the specified unit of analysis) that do not achieve the desired outcome as defined by the quality indicators.
 - b) When a project measures performance on quality indicators by collecting data on a subset (sample) of the units of analysis in the population to be studied, significant improvement is demonstrated by achieving the benchmarks specified in a) above and the quantitative improvement demonstrated in the repeated measurements is statistically significant with a "p value" of less than or equal to .10.
 - i) The sample or subset of the study population shall be obtained through random sampling.
 - ii) The samples used for the baseline and repeat measurements of the performance indicators shall be chosen using the same sampling frame and methodology.
 - c) The improvement is reasonably attributable to interventions undertaken by the organization (i.e., a project and its results have face validity).
5. The organization sustains the improvements in performance for at least one year after the improvement in performance is first achieved. Sustained improvement is documented through the continued measurement of quality indicators for at least one year after the performance improvement project is completed.

STANDARD III: ACCOUNTABILITY TO THE GOVERNING BODY - The Governing Body of the organization is the Board of Directors or, where the Board's participation with quality improvement issues is not direct, a designated committee of the senior management of the managed care organization. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:

- A. **oversight of QAPI** - There is documentation that the Governing Body has approved the overall QAPI and an annual QA plan.

- B. oversight entity** - The Governing Body has formally designated an accountable entity or entities within the organization to provide oversight of QA, or has formally decided to provide such oversight as a committee of the whole.
- C. QAPI progress reports** - The governing Body routinely receives written reports from the QAPI describing actions taken, progress in meeting QA objectives, and improvements made.
- D. annual QAPI review** - The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the QAPI which includes: studies undertaken, results, subsequent actions, and aggregate data on utilization and quality of services rendered, to assess the QAPI's continuity, effectiveness and current acceptability.
- E. program modification** - Upon receipt of regular written reports from the QAPI delineating actions taken and improvements made, the Governing Body takes action when appropriate and directs that the operational QAPI be modified on an ongoing basis to accommodate review findings and issues of concern within the managed care organization (MCO). This activity is documented in the minutes of the meetings of the Governing Board in sufficient detail to demonstrate that it has directed and followed up on necessary actions pertaining to Quality Assurance.

STANDARD IV: ACTIVE QA COMMITTEE - The QAPI delineates an identifiable structure responsible for performing QA functions within the MCO. This committee or other structure has:

- A. regular meetings** - The structure/committee meets on a regular basis with specified frequency to oversee QAPI activities. This frequency is sufficient to demonstrate that the structure/committee is following-up on all findings and required actions, but in no case are such meetings less frequent than quarterly.
- B. established parameters for operating** - The role, structure and function of the structure/committee are specified.
- C. documentation** - There are records documenting the structure's/committee's activities, findings, recommendations and actions.
- D. accountability** - The QAPI committee is accountable to the Governing Body and reports to it (or its designee) on a scheduled basis on activities, findings, recommendations and actions.
- E. membership** - There is active participation in the QA committee from health plan providers, who are representative of the composition of the health plan's providers.

STANDARD V: QAPI SUPERVISION - There is a designated senior executive who is responsible for program implementation. The organization's Medical Director has substantial involvement in QA activities.

STANDARD VI: ADEQUATE RESOURCES - The QAPI has sufficient material resources; and staff with the necessary education, experience, or training; to effectively carry out its specified activities.

STANDARD VII: PROVIDER PARTICIPATION IN THE QAPI -

- A. Participating physicians and other providers are kept informed about the written QA plan.
- B. The MCO includes in all its provider contracts and employment agreements, for both physicians and non-physician providers, a requirement securing cooperation with the QAPI.
- C. Contracts specify that hospitals and other contractors will allow the managed care organization access to the medical records of its members.
- D. Includes a provider appeals process.
- E. Description of how providers are to be involved in the design, implementation, review and follow-up of quality activities.
- F. Description of how needed changes will be instituted.

STANDARD VIII: DELEGATION OF QAPI ACTIVITIES - The MCO remains accountable for health services management and all QAPI functions, even if certain functions are delegated to other entities. If the managed care organization delegates any activities to other entities:

- A. There is a written agreement describing: the delegated activities; the delegate's accountability for these activities; the frequency of reporting to the managed care organization; and provides for revocation of the delegation or other remedies for inadequate performance.
- B. The MCO has written procedures for monitoring and evaluating the implementation of the delegated functions and for verifying the actual quality of care being provided.
- C. There is evidence of continuous and ongoing evaluation of delegated activities at least annually, including approval of quality improvement plans and regular specified reports.

- D. The organization evaluates the entity's ability to perform the delegated activities prior to delegation.
- E. If the organization delegates selection of providers to another entity, the organization retains the right to approve, suspend, or terminate any provider selected by that entity.

STANDARD IX: CREDENTIALING AND RECREDENTIALING - The QAPI contains the following provisions to determine whether physicians and other health care professionals, who are licensed by the State and who are under contract to the MCO, are qualified to perform their services.

- A. **written policies and procedures** - The managed care organization has written policies and procedures for the credentialing process, which includes the organization's initial credentialing of practitioners, as well as its subsequent recredentialing, recertifying and/or reappointment of practitioners.
- B. **oversight by Governing body** - The Governing Body, or the group or individual to which the Governing Body has formally delegated the credentialing function, has reviewed and approved the credentialing policies and procedures.
- C. **credentialing entity** - The plan designates a credentialing committee or other peer review body which makes recommendations regarding credentialing decisions.
- D. **scope** - The plan identifies those practitioners who fall under its scope of authority and action. This shall include, at a minimum, all physicians, dentists, and other licensed independent practitioners included in the review organization's literature for members, as an indication of those practitioners whose service to members is contracted or anticipated.
- E. **process** - The initial credentialing process obtains and reviews verification of the following information, at a minimum:
 - 1. the practitioner holds a current valid license to practice;
 - 2. valid DEA or CDS certificate, as applicable;
 - 3. graduation from medical school and completion of a residency, or other post-graduate training, as applicable;
 - 4. work history;
 - 5. professional liability claims history;

6. good standing of clinical privileges at the hospital designated by the practitioner as the primary admitting facility; (This requirement may be waived for practices which do not have or do not need access to hospitals.)
7. the practitioners holds current, adequate malpractice insurance according to the plan's policy;
8. any revocation or suspension of a State license or DEA/BNDD number;
9. any sanctions imposed by Medicare and/or Medicaid for example, suspensions, debarment, or recovery action; and
10. any censure by the State or County Medical Association.
11. The organization requests information on the practitioner from the National Practitioner Data Bank and the State Board of Medical Examiners.
12. The application process includes a statement by the applicant regarding:
 - a) any physical or mental health problems that may affect current ability to provide health care;
 - b) any history of chemical dependency/substance abuse;
 - c) history of loss of license and/or felony convictions;
 - e) history of loss or limitation of hospital privileges or disciplinary activity; and
 - f) an attestation to correctness / completeness of the applications.

This information should be used to evaluate the practitioner's current ability to practice.

13. There is an initial visit to each potential primary care practitioner's office, including documentation of a structured review of the site and medical recordkeeping practices to ensure conformance with the managed care organization's standards.

F. recredentialing - A process for the periodic reverification of clinical credentials (recredentialing, reappointment, or recertification) is described in the organization's policies and procedures.

1. There is evidence that the procedure is implemented at least every two years.

2. The MCO conducts periodic review of information from the National Practitioner Data Bank, along with performance data, on all physicians, to decide whether to renew the participating physician agreement. At a minimum, the recredentialing, recertification or reappointment process is organized to verify current standing on items listed in "E-1" through "E-7", above and item "E-12" as well.
3. The recredentialing, recertification or reappointment process also includes review of data from:
 - a) member complaints;
 - b) results of quality reviews;
 - c) performance indicators;
 - d) utilization management;
 - e) member satisfaction surveys; and
 - f) reverifications of hospital privileges and current licensure.

- G. delegation of credentialing activities** - If the managed care organization delegates credentialing (and recredentialing, recertification, or reappointment) activities, there is a written description of the delegated activities, and the delegate's accountability for these activities. There is also evidence that the delegate accomplished the credentialing activities. The managed care organization monitors the effectiveness of the delegate's credentialing and reappointment or recertification process.
- H. retention of credentialing authority** - The managed care organization retains the right to approve new providers and sites, and to terminate or suspend individual providers. The organization has policies and procedures for the suspension, reduction or termination of practitioner privileges.
- I. reporting requirement** - There is a mechanism for, and evidence of implementation of, the reporting of serious quality deficiencies resulting in suspension or termination of a practitioner, to the appropriate authorities.
- J. appeals process** - There is a provider appellate process for instances where the managed care organization chooses to reduce, suspend or terminate a practitioner's privileges with the organization.

1. The contractor shall not terminate a contract with a health care professional for participation in the contractor's network unless the contractor provides to the health care professional a written explanation of the reasons for the proposed contract termination and an opportunity for a review or hearing. This section shall not apply in cases involving imminent harm to patient care, a determination of fraud, or a final disciplinary action by a State licensing board or other governmental agency that impairs the health care professional's ability to practice.
2. No contractor shall terminate or refuse to renew a contract for participation in the contractor's network solely because the health care profession has (1) advocated on behalf of the enrollee; (2) filed a complaint against the contractor; (3) appealed a decision of the contractor; or (4) requested a hearing or review pursuant to this section.
3. For each institutional provider or supplier, the organization determines, and redetermines at specified intervals, that the provider or supplier:
 - a) Is licensed to operate in the state, and is in compliance with any other applicable state or federal requirements;
 - b) Is reviewed and approved by an appropriate accrediting body or is determined by the organization to meet standards established by the organization itself; and
 - c) In the case of a provider or supplier providing services to Medicare enrollees, is approved for participation in Medicare. (Note: This requirement does not apply to providers of additional or supplemental services for which Medicare has no approval standards.)
4. The organization notifies licensing and/or disciplinary bodies or other appropriate authorities when a health care professional's or institutional provider or supplier's affiliation is suspended or terminated because of quality deficiencies.
5. The organization ensures compliance with federal requirements prohibiting employment or contracts with individuals excluded from participation under either Medicare or Medicaid.

STANDARD X: ENROLLEE RIGHTS AND RESPONSIBILITIES - The organization demonstrates a commitment to treating members in a manner that acknowledges their rights and responsibilities.

A. **written policy on enrollee rights** - The organization has a written policy that complies with federal and state laws affecting the rights of enrollees and that recognizes the following rights of members:

1. to be treated with respect, dignity, and need for privacy;
2. to be provided with information about the organization, its services, the practitioners providing care, and members rights and responsibilities and to be able to communicate and be understood with the assistance of a translator if needed.
3. to be able to choose primary care practitioners, within the limits of the plan network, including the right to refuse care from specific practitioners;
4. to participate in decision-making regarding their health care, to be fully informed by the Primary Care Practitioner, other health care provider or Care Manager of health and functional status, and to participate in the development and implementation of a plan of care designed to promote functional ability to the optimal level and to encourage independence;
5. to voice grievances about the organization or care provided and recommend changes in policies and services to plan staff, providers and outside representatives of the enrollee's choice, free of restraint, interference, coercion, discrimination or reprisal by the plan or its providers;
6. to formulate advance directives;
7. to have access to his/her medical records in accordance with applicable Federal and State laws.
8. to be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect;
9. to be free of hazardous procedures;
10. to receive information on available treatment options or alternative courses of care;
11. to refuse treatment and be informed of the consequences of such refusal; and
12. to have services provided that promote a meaningful quality of life and autonomy for members, independent living in members' homes and other community settings as long as medically and socially feasible, and preservation and support of members' natural support systems

- B. written policy on enrollee responsibilities** - The organization has a written policy that addresses members' responsibility for cooperating with those providing health care services. This written policy addresses members' responsibility for:
1. providing, to the extent possible, information needed by professional staff in caring for the member; and
 2. following instructions and guidelines given by those providing health care services.
- C. communication of policies to providers and organization staff** - A copy of the organization's policies on members' rights and responsibilities is provided to all participating providers annually. The organization must monitor and promote compliance with the policies by the contractor's staff and affiliated providers.
- D. communication of policies to enrollees/members** - Upon enrollment and annually thereafter, members are provided a written statement that includes information on the following:
1. rights and responsibilities of members including the specific informational requirements of this section;
 2. benefits and services included and excluded as a condition of membership, and how to obtain them, including a description of:
 - a) procedures for obtaining services, including authorization requirements;
 - b) any special benefit provisions (for example, co-payment, higher deductibles, rejection of claim) that may apply to service obtained outside the system;
 - c) procedures for obtaining services covered by the Medicaid fee-for-service program;
 - d) the procedures for obtaining out-of-area coverage; and
 - e) policies on referrals for specialty and ancillary care.
 3. provisions for after-hours and emergency coverage;
 4. the organization's policy and procedures on referrals for specialty care and ancillary services;

5. charges to members, if applicable, including:
 - a) policy on payment of charges;
 - b) co-payment and fees for which the member is responsible; and
 - c) what to do if a member receives a bill for services.
6. procedures for notifying those members affected by the termination or change in any benefits, services, service delivery office/site, or affiliated providers.
7. procedures for appealing decisions adversely affecting the member's coverage, benefits, or relationship to the organization.
8. procedures for changing practitioners;
9. procedures for disenrollment; and
10. procedures for voicing complaints and/or grievances and for recommending changes in policies and services.

E. enrollee/member grievance procedures - The organization has, and communicates to enrollees, staff, and providers, a system(s), linked to the QAPI, for resolving members' complaints and formal grievances. This system includes:

1. procedures for registering and responding to complaints and grievances in a timely fashion (organizations should establish and monitor standards for timeliness);
2. documentation of the substance of complaints or grievances, and actions taken;
3. procedures to ensure a resolution of the complaint or grievance;
4. aggregation and analysis of complaint and grievance data and use of the data for quality improvement; and
5. an appeal process for grievances.

F. enrollee/member suggestions - Opportunity is provided for members to offer suggestions for changes in policies and procedures.

G. steps to assure accessibility of services - The managed care organization takes steps to promote accessibility of all services, both clinical and non-clinical, offered to members, including those with limited English proficiency and reading skills, with diverse cultural and ethnic backgrounds, the homeless and individuals with physical and mental disabilities. These steps include:

1. The points of access to primary care, specialty care, and hospital services are identified for members.
2. At a minimum, members are given information about:
 - a) how to obtain services during regular hours of operations;
 - b) how to obtain emergency and after-hours care;
 - c) how to obtain second opinions;
 - d) how to obtain the names, qualifications, and titles of the professionals providing and/or responsible for their care;
 - e) how to select a PCP from among those accepting new enrollees; and.
 - f) physical accessibility.

H. written information for members -

1. Member information (for example, subscriber brochures, announcements, handbooks) is written in prose that is readable and easily understood.
2. Written information is available, as needed, in the languages of the major population groups served. A "major" population is one which represents at least 5% of a plan's membership.

I. confidentiality of patient information - The organization acts to ensure that the confidentiality of specified patient information and records is protected.

1. The organization has established in writing, and enforced, policies and procedures on confidentiality, including confidentiality of medical records.
2. Information from, or copies of, records may be released only to authorized individuals, and the organization must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released only in accordance with federal or state laws, court orders, or subpoenas.

3. The organization ensures that patient care offices/sites have implemented mechanisms that guard against the unauthorized or inadvertent disclosure of confidential information to persons outside of the medical care organization.
4. The organization shall hold confidential all information obtained by its personnel about enrollees related to their examination, care and treatment and shall not divulge it without the enrollee's authorization, unless:
 - a) it is required by law;
 - b) it is necessary to coordinate the patient's care with physicians, hospitals, or other health care entities, or to coordinate insurance or other matters pertaining to payment;
 - c) it is necessary in compelling circumstances to protect the health or safety of an individual.
5. Any release of information in response to a court order is reported to the patient in a timely manner.
6. Enrollee records may be disclosed, whether or not authorized by the enrollee, to qualified personnel for the purpose of conducting scientific research, but these personnel may not identify, directly or indirectly, any individual enrollee in any report of the research or otherwise disclose participant identity in any manner.

J. treatment of minors and individuals with disabilities - The organization has written policies regarding the appropriate treatment of minors and individuals with disabilities.

K. assessment of member satisfaction – If the organization conducts periodic surveys of member satisfaction with its services, the following must be included in the surveys.

1. The surveys include content on perceived problems in the quality, availability, and accessibility of care including difficulties experienced by people with disabilities in finding primary care doctors or specialists who are trained and experienced in treating people with disabilities.

2. The surveys assess at least a sample of:
 - a) all Medicaid members;
 - b) Medicaid member requests to change practitioners and/or facilities; and
 - c) disenrollment by Medicaid members.
3. As a result of the surveys, the organization:
 - a) identifies and investigates sources of dissatisfaction;
 - b) outlines action steps to follow-up on the findings; and
 - c) informs practitioners and providers of assessment results.
4. The organization reevaluates the effects of the above activities.

L. preservation and support of members' natural support systems.

STANDARD XI: STANDARDS FOR AVAILABILITY AND ACCESSIBILITY - The MCO has established standards for access (e.g., to routine, urgent and emergency care; telephone appointments; advice; and member service lines). Performance on these dimensions of access are assessed against the standards.

STANDARD XII: MEDICAL RECORDS STANDARDS

A. accessibility and availability of medical records -

1. The MCO shall include provisions in provider contracts for appropriate access to the medical records of its enrollees for purposes of quality reviews conducted by the Secretary, State Medicaid agencies, or agents thereof.
2. Records are available to health care practitioners at each encounter.
3. The MCO conducts ongoing programs to monitor compliance with its policies and procedures for medical records.

B. recordkeeping - Medical records may be on paper or electronic. The Plan takes steps to promote maintenance of medical records in a legible, current, detailed, organized and comprehensive manner that permits effective patient care and quality review as follows:

1. medical record standards - The organization sets standards for medical records. The records reflect all aspects of patient care, including ancillary services. These standards shall, at a minimum, include requirements for:
 - a) patient identification information - Each page or electronic file in the record contains the patient's name or patient ID number.
 - b) personal/biographical data - Personal/biographical data includes: age; sex; address; employer; home and work telephone numbers; and marital status.
 - c) entry date - All entries are dated.
 - d) provider identification - All entries are identified as to author.
 - e) legibility - The record is legible to someone other than the writer. Any record judged illegible by one physician reviewer should be evaluated by a second reviewer.
 - f) allergies - Medication allergies and adverse reactions are prominently noted on the record. Absence of allergies (no known allergies -- NKA) is noted in an easily recognizable location.
 - g) past medical history - (for patients seen 3 or more times) Past medical history is easily identified including serious accidents, operations, illnesses. For children, past medical history related to prenatal care and birth.
 - h) immunizations - for pediatric records (ages 12 and under) there is a completed immunization record or a notation that immunizations are up-to-date.
 - i) diagnostic information
 - j) medication information
 - k) identification of current problems - Significant illnesses, medical conditions and health maintenance concerns are identified in the medical record.
 - l) smoking/ETOH/substance abuse - Notation concerning cigarettes and alcohol use and substance abuse is present. (For patients 12 years and over and seen 3 or more times.) Abbreviations and symbols may be appropriate.

- m) consultations, referrals, and specialist reports - Notes from any consultations are in the record. Consultation, lab, and x-ray reports filed in the chart have the ordering physician's initials or other documentation signifying review. Consultation and significantly abnormal lab and imaging study results have an explicit notation in the record of follow-up plans.
- n) emergency care
- o) hospital discharge summaries - discharge summaries are included as part of the medical record for: (1) all hospital admissions which occur while the patient is enrolled in the MCO and (2) prior admissions as necessary.
- p) advance directive - For medical records of adults, the medical record documents whether or not the individual has executed an advance directive. An advance directive is a written instruction such as a living will or durable power of attorney for health care relating to the provision of health care when the individual is incapacitated.

2. patient visit data - documentation of individual encounters must provide adequate evidence of, at a minimum:

- a) history and physical examination - Appropriate subjective and objective information is obtained for the presenting complaints;
- b) plan of treatment;
- c) diagnostic tests;
- d) therapies and other prescribed regimens;
- e) follow-up - Encounter forms or notes have a notation, when indicated, concerning follow-up care, call or visit. Specific time to return is noted in weeks, months, or PRN. Unresolved problems from previous visits are addressed in subsequent visits.
- f) referrals and results thereof; and
- g) all other aspects of patient care, including ancillary services.

C. record review process –

1. The MCO has a system (record review process) to assess the content of medical records for legibility, organization, completion and conformance to its standards.
2. The record assessment system addresses documentation of the items list in B, above.
3. The organization ensures appropriate and confidential exchange of information among providers, such that:
 - a) A provider making a referral transmits necessary information to the provider receiving the referral;
 - b) A provider furnishing a referral service reports appropriate information to the referring provider;
 - c) Providers request information from other treating providers as necessary to provide care;
 - d) If the organization offers a point-of-service benefit or other benefit providing coverage of services by non-network providers, the organization transmits information about services used by an enrollee under the benefit to the enrollee's primary care provider; and
 - e) When an enrollee chooses a new primary care provider within the network, the enrollee's records are transferred to the new provider in a timely manner that ensures continuity of care.
4. The organization has policies and procedures for sharing enrollee information with any organization with which the enrollee may subsequently enroll.

STANDARD XIII: UTILIZATION REVIEW -

- A. written program description** - The organization has a written utilization management program description which includes, at a minimum, procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve the provision of medical services.
- B. scope** - The program has mechanisms to detect underutilization as well as overutilization.

C. preauthorization and concurrent review requirements - For organizations with preauthorization or concurrent review programs:

1. The organization implements written policies and procedures, reflecting current standards of medical practice, for processing requests for initial authorization of services or requests for continuation of services.
 - a) The policies specify time frames for responding to requests for initial and continued determinations, specify information required for authorization decisions, provide for consultation with the requesting provider when appropriate, and provide for expedited response to requests for authorization of urgently needed services.
 - b) Criteria for decisions on coverage and medical necessity are clearly documented, are based on reasonable medical evidence or a consensus of relevant health care professionals, and are regularly updated.
 - c) Mechanisms are in place to ensure consistent application of review criteria and compatible decisions.
 - d) A clinical peer reviews all decisions to deny authorization on grounds of medical appropriateness.
 - e) The requesting provider and the enrollee are promptly notified of any decision to deny, limit, or discontinue authorization of services. The notice specifies the criteria used in denying or limiting authorization and includes information on how to request reconsideration of the decision pursuant to the procedures established. The notice to the enrollee must be in writing.
 - f) Compensation to persons or organizations conducting utilization management activities shall not be structured so as to provide inappropriate incentives for denial, limitation or discontinuation of authorization of services.
 - g) The organization does not prohibit providers from advocating on behalf of enrollees within the utilization management process.
 - h) Mechanisms are in effect to detect both underutilization and overutilization of services.
2. Preauthorization and concurrent review decisions are supervised by qualified medical professionals.

3. Efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate.
4. The reasons for decisions are clearly documented and available to the member.
5. There are well-publicized and readily available appeals mechanisms for both providers and patients. Notification of a denial includes a description of how to file an appeal.
6. Decisions and appeals are made in a timely manner as required by the exigencies of the situation.
7. There are mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction or other appropriate measures.
8. If the organization delegates responsibility for utilization management, it has mechanisms to ensure that these standards are met by the delegate.

STANDARD XIV: CONTINUITY OF CARE SYSTEM - The MCO has put a basic system in place which promotes continuity of care and case management including a mechanism for tracking issues over time with an emphasis on improving health outcomes, as well as preventive services and maintenance of function for people with disabilities.

STANDARD XV: QAPI DOCUMENTATION -

- A. **scope** - The MCO shall document that it is monitoring the quality of care across all services and all treatment modalities, according to its written QAPI. (The review of the entire range of care is expected to be carried out over multiple review periods and not on a concurrent basis.)
- B. **maintenance and availability of documentation** - The MCO must maintain and make available to the State, and upon request to the Secretary, studies, reports, protocols, standards, worksheets, minutes, or such other documentation as may be appropriate, concerning its QA activities and corrective actions.

STANDARD XVI: COORDINATION OF QA ACTIVITY WITH OTHER MANAGEMENT ACTIVITY - The findings, conclusions, recommendations, actions taken, and results of the actions taken as a result of QA activity, are documented and reported to appropriate individuals within the organization and through the established QA channels.

- A. QA information is used in recredentialing, recontracting and/or annual performance evaluations.

- B. QA activities are coordinated with other performance monitoring activities, including utilization management, risk management, and resolution and monitoring of member complaints and grievances.
- C. There is a linkage between QA and the other management functions of the health plan such as:
 - 1. network changes;
 - 2. benefits redesign;
 - 3. medical management systems (e.g., pre-certification);
 - 4. practice feedback to physicians;
 - 5. patient education; and
 - 6. member services.

B.4.15 Hysterectomy and Sterilization Procedures and Consent Forms

HYSTERECTOMY RECEIPT OF INFORMATION FORM FD-189

Federally prescribed documentation regulations for hysterectomies are extremely rigid. Specific Medicaid requirements must be met and documented on the Hysterectomy Receipt of Information Form (FD-189). Any claim (hospital, operating physician, anesthesiologist, clinic, etc) involving hysterectomy procedures must have a properly completed FD-189 attached when submitted for payment. Hysterectomy claims are hard copy restricted; electronic billing is not permitted.

Additional information concerning Medicaid policy governing hysterectomy procedures may be found in Title 10, Subchapter 54, Section V Physicians' Services, included with your manual.

Providers may obtain additional copies of the FD-189 form from the Fiscal Agent; however, photocopies of the FD-189 are acceptable.

A sample of the Hysterectomy Receipt of Information Form and instructions for the form's proper completion are included for reference.

**State of New Jersey
Department of Human Services
Division of Medical Assistance
and Health Services**

HYSTERECTOMY RECEIPT OF INFORMATION FORM

A woman who has a hysterectomy can never again get pregnant. When you have a hysterectomy, the doctor removes your uterus (womb). You can not have a baby after your uterus is removed and you will not have menstrual periods anymore.

I received the above information orally and in writing from _____
name of clinic or
_____ before my operation was performed.
physician

I talked to _____ about a hysterectomy. _____
name of responsible person(s) *she/he/they*
discussed it with me and gave me a chance to ask questions and answered them for me before the operation.

I have read all of this notice. I agree that it is a true description of what was explained to me by
_____ of _____ and that
name of staff member *clinic/hospital/physician*
all my questions were answered to my satisfaction.

I, _____, hereby consent (or did consent) of my own free
name of recipient
will to have a hysterectomy done by _____ and/or
physician
associate(s) or assistant(s) of his or her choice.

I consent (or did consent) to any other medical treatment that the doctor thinks is (was) necessary to preserve my health.

I also consent to the release of this form and other medical records about the operation to representatives of the United States Department of Health and Human Services or employees of programs or projects funded by that Department but only for purposed of determining if Federal laws were observed.

Recipient's Signature

Date: Month/Day/Year

**Item-By-Item Instructions for Completing the
Hysterectomy Receipt of Information Form FD-189 (Rev 3/91)**

- 1) ***Name of Clinic or Physician:*** Enter the name of the clinic or physician who provided the information.
- 2) ***Name of Responsible Person(s):*** Enter the name of the individual who discussed the procedure with the recipient.
- 3) ***She/He/They:*** Enter appropriate selection.
- 4) ***Name of Staff Member:*** Enter the name of the individual who explained the procedure to the recipient.
- 5) ***Clinic/Hospital/Physician:*** Enter the name of the clinic/hospital or physician's office in which the individual who explained the procedure is affiliated.
- 6) ***Recipient's Name:*** Copy the recipient's name as printed on the Medicaid Eligibility Identification Card. First name must be entered first.
- 7) ***Name of Physician:*** Enter the physician's name.
- 8) ***Recipient's Signature and Date:*** Recipient must personally sign and hand date the completed form.

Consent Form – 7473 M ED

Federally prescribed documentation regulations for sterilization procedures are extremely rigid. Specific Medicaid requirements must be met and documented on the Consent Form prior to the sterilization of an individual.

The Consent Form is a replica of the form contained in the Federal Regulations and must be utilized by providers when submitting claims for sterilization procedures. Any claim (hospital, operating physician, anesthesiologist, clinic, etc) involved in a sterilization procedure must have a properly completed Consent Form attached when it is submitted for payment. Sterilization claims are hard copy restricted; electronic billing is not permitted.

Additional information concerning Medicaid policy governing sterilization procedures may be found in Title 10, Subchapter 54, Section V Physicians' Services, included with your manual.

Providers may obtain additional copies of the Consent Form from the Fiscal Agent; however, photocopies of the Consent Form are acceptable.

A sample of the Consent Form and instructions for the form's proper completion are provided for reference.

CONSENT FORM

NOTICE: YOUR DECISION, AT ANY TIME, NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

☒ CONSENT TO STERILIZATION ☒ ☒ STATEMENT OF PERSON OBTAINING CONSENT ☒

I have asked for and received information about sterilization from _____

doctor or clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as AFDC or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____
specify type of operation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____
month/day/year

I, _____, hereby consent of my own free will to be
recipient
sterilized by _____ by a method called

doctor. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department, but only for determining if Federal laws were observed.

signature Date: _____
month/day/year

You are requested to supply the following information, but it is not required:
Race and ethnicity designation. Please check one:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

☒ INTERPRETER'S STATEMENT ☒

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

interpreter Date: _____
month/day/year

7473-M ED 3/81

Before _____ signed the
name of individual

consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

signature of person obtaining consent Date: _____
month/day/year

facility

address

☒ PHYSICIAN'S STATEMENT ☒

Shortly before I performed a sterilization operation upon _____
on _____.

name of individual to be sterilized *date of sterilization operation*

I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible
specify type of operation

procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than thirty (30) days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph that is not used.)

- 1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.
- 2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):
☐ Premature deliver
☐ Individual's expected date of delivery:
☐ Emergency abdominal surgery:
(describe circumstances);

physician Date: _____
month/day/year

**Item-By-Item Instructions for Completing the
Sterilization Consent Form Section 1 Consent to Sterilization**

- 1) ***Doctor or Clinic:*** Enter the name of the physician or clinic.
- 2) ***Sterilization Procedure:*** Enter the name of the sterilization procedure.
- 3) ***Recipient's Date of Birth:*** Enter recipient's date of birth in month, day, and year sequence (mm/dd/yy).
- 4) ***Recipient's Name:*** Copy the recipient's name as printed on the Medicaid Eligibility Identification Card. First name must be entered first.
- 5) ***Doctor:*** Enter physician's name who is performing the procedure
- 6) ***Type of Sterilization:*** Enter the method of sterilization chosen.
- 7) ***Recipient's Signature and Date:*** Recipient must personally sign and hand date form at least thirty (30) days, but not more than 180 days prior to surgery.

Section II Race and Ethnicity Designation:

- 8) ***Race and Ethnicity Designation:*** OPTIONAL INFORMATION requested by the Federal Government, but is NOT required.

Section III Interpreter's Statement: *To be used only when the Recipient does not speak English*

- 9) ***Language Used:*** Enter language used.
- 10) ***Interpreter's Signature:*** Interpreter must sign and date form at least thirty (30) days, but not more than 180 days prior to the sterilization procedure.

Section IV Statement of Person Obtaining Consent

- 11) ***Name of Individual:*** Enter the name of the recipient as it appears in Section I, item 4.
- 12) ***Sterilization/Operation:*** Enter the name of the sterilization procedure.
- 13) ***Signature of Person Obtaining Consent:*** Signature and date of the person who explains the procedure to the recipient and obtains the recipient's consent. Must be completed at least thirty (30) days, but not more than 180 days prior to the sterilization procedure.
- 14) ***Facility's Name and Address:*** Enter the name and address of the facility or physician's office with which the person obtaining the consent is affiliated.

- 15) ***Name of Individual to be Sterilized:*** Enter the recipient's name as it appears in Section I, item 4.
- 16) ***Date of Sterilization:*** Enter the date of the sterilization in month, day, and year sequence (mm/dd/yy).
- 17) ***Specify Type of Operation:*** Enter the name of the sterilization procedure.
- 18) ***Paragraphs 1) and 2):*** The physician must indicate the paragraph that applies to recipient's situation. Paragraph 1) states that at least thirty (30) days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. Paragraph 2) states that the sterilization was performed less than thirty (30) days, but more than 72 hours after the date of the individual's signature on the consent form. The circumstances are premature delivery (state the expected date of delivery) or emergency abdominal surgery (describe the emergency).
- 19) ***Physician's Signature and Date:*** Physician must sign and date form after the surgery has been performed.

B.4.16 Regional Child Abuse and Neglect Diagnostic and Treatment Centers

NEW JERSEY CHILD ABUSE REGIONAL DIAGNOSTIC CENTERS

Children's House (serving Bergen, Passaic, Morris, Sussex, Warren and Hudson counties)
Northern Regional Diagnostic Center for Child Abuse and Neglect
Hackensack University Medical Center
300 Atlantic Street
Hackensack, NJ 07601
(201) 966-2271
Fax (201) 996-4926
Clinical Coordinator and Director of Operations – Colleen Kearney, RN, BSN, SANE
Medical Director – Dr. Julia DeBellis
DYFS Contact Person – Deanna Ladas, MSW, LSW

Children's Hospital Abuse Management Program (CHAMP) (serving Essex County)
Children's Hospital of New Jersey at Newark Beth Israel Medical Center
201 Lyons Avenue at Osborne Terrace, 13
Newark, NJ 07112
(973) 926-5590
Fax (973) 923-6487
Program Co-Directors – Dr. Anna Haroutunian and Peggy Foster
Medical Director – Dr. Anna Haroutunian
Supervising Psychologist – Anthony D'Urso
DYFS Contact Person – Doris Chodoreoff, Coordinator; make referrals to her at (973) 926-2266

Central Jersey Regional Child Abuse Center (serving Middlesex, Union, Somerset, Hunterdon, Monmouth, Ocean, and Mercer counties)

(A) Child Protection Center (physical abuse)

mailing address:

Saint Peter's Medical Center
254 Easton Avenue
New Brunswick, NJ 08901
Fax (732) 745-2344

site address:

123 How Lane
New Brunswick, NJ 08901
(732) 745-9449

Program Director – Dr. Bipin Patel, Chairman of the Department of Pediatrics
Medical Co-Directors – Dr. Elizabeth Susan Hodgson and Dr. Cynthia Barabas
DYFS Contact Person – Patti Cizin, RN, CPNP, Program Coordinator

- (B) Child Sexual Abuse Program
Robert Wood Johnson Medical School
1 Robert Wood Johnson Place, CN 19
New Brunswick, NJ 08903
(732) 235-6146
Fax (732) 235-6006
Program Director – Dr. Bipin Patel, Chairman, St. Peter’s Medical Center Dept. of Peds.
Medical Director – Dr. Linda Shaw
DYFS Contact Persons – Mary Fierro, LCSW, Program Coordinator, Rachel Cohen,
MSW, LCSW, or Liana Acosta, BA
clinical sites:
- (1) Clinical Academic Building
125 Paterson Street
New Brunswick, NJ 08903
 - (2) Elizabeth General Medical Center
Elizabeth General East
655 East Jersey Avenue
Elizabeth, NJ 07206
 - (3) Trenton Health Department
222 East State Street
Trenton, NJ 08608

Center for Children’s Support (serving Atlantic, Burlington, Camden, Cape May, Cumberland,
Gloucester, and Salem counties)
University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine
42 East Laurel Road
Suite 1100
Stratford, NJ 08084
(609) 566-7036
Fax (609) 566-6108
Program and Medical Director – Dr. Martin Finkel
Director of Mental Health Services – Dr. Esther Deblinger
Program Coordinator – Bob Raynor
DYFS Contact Person for medical examination – Gwen Barton, MSW, LCSW
DYFS Contact Person for mental health services – Gladys Rosario, MEd

B.5.0 ENROLLEE SERVICES

B.5.1 Notification of Newborns

**State of New Jersey
Division of Medical Assistance and Health Services
Office of Managed Health Care**

Notification of Newborns

HMO:

Date of Submission:

Acct. Coordinator:

Mother's HSP	Mother's Name	HMO Effective Date	Newborn's Name DOB	Sex_
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Signature:
Print Name:
Phone:

Date:

B.5.2 Cost-Sharing Requirements for NJ FamilyCare Plan C and Plan D Beneficiaries

COST-SHARING REQUIREMENTS FOR NJ FAMILYCARE PLAN C BENEFICIARIES

PREMIUMS

A monthly premium of \$15 per month, per family, regardless of family size, will be required of beneficiaries eligible solely through NJ FamilyCare – Plan C whose family income is between 150% and up to and including 200% of the federal poverty level. Failure to meet the premium payment requirement could result in disenrollment of the beneficiary (ies). The collection of premiums will be done by the State and is not the contractor's responsibility.

PERSONAL CONTRIBUTION TO CARE (PCC) FOR NJ FAMILYCARE-PLAN C

For beneficiaries solely eligible through NJ FamilyCare-Plan C, PCCs will be required for certain services provided to individuals whose family income is above 150% and up to and including 200% of the federal poverty level.

The total family (regardless of family size) limit on all cost-sharing may not exceed 5% of the annual family income.

Below is listed the services requiring PCCs and the amount of each PCC.

<u>SERVICE</u>	<u>AMOUNT OF PCC</u>
1. Outpatient Hospital Clinic Visits	\$5 PCC for each outpatient visit that is not for preventive services
2. Emergency Room Services Covered for Emergency Services only. [Note: Triage and medical screenings must be covered in all situations.]	\$10 PCC
3. Physician Services	\$5 PCC for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment' age appropriate immunizations; prenatal care; and pap smears, when appropriate.
4. Independent Clinic Services	\$5 PCC for each practitioner visit (except for preventive care services)
5. Podiatrist Services	\$5 PCC for each visit
6. Optometrist Services	\$5 PCC for each visit

7. Chiropractor Services	\$5 PCC for each visit
8. Drugs	\$1 for generic drugs; \$5 for brand name drugs
9. Nurse Midwives	\$5 PCC for each visit (except for prenatal care visits)
10. Dentist	\$5 PCC for each visit (except for preventive dentistry services)
11. Nurse Practitioners	\$5 PCC for each visit (except for preventive care services)

**COST-SHARING REQUIREMENTS FOR
NJ FAMILYCARE PLAN D CHILDREN AND PARENTS/
CARETAKERS WITH CHILDREN
COST SHARING REQUIREMENTS**

PREMIUMS

The following monthly premium amounts, regardless of family size, will be required for children participating in NJ FamilyCare - Plan D:

Family Income	Premium Amount
Between 201% and up to and including 250% of FPL	\$30
Between 251% and up to and including 300% of FPL	\$60
Between 301% and up to and including 350% of FPL	\$100

Parents/caretakers participating in NJ FamilyCare – Plan D whose family income is over 150% and up to and including 200% of the federal poverty level will pay a monthly premium of \$25 per month for one parent/caretaker plus an addition \$10 per month for the second parent/caretaker in addition to the monthly payment required for their children in NJ FamilyCare.

Failure to meet the premium requirement could result in disenrollment of the beneficiary(ies). The collection of premiums will be done by the State and is not the contractor's responsibility.

COPAYMENTS FOR NJ FAMILYCARE – PLAN D

Copayments will be required of parents/caretakers solely eligible through NJ FamilyCare Plan D whose family income is between 151% and up to including 200% of the federal poverty level. The same copayments will be required of children solely eligible through NJ FamilyCare Plan D whose family income is between 201% and up to and including 350% of the federal poverty level.

The total family limit (regardless of family size) on all cost-sharing may not exceed 5% of the annual family income.

Below is listed the services requiring copayments and the amount of each copayment.

<u>SERVICE</u>	<u>AMOUNT OF COPAYMENT</u>
1. Outpatient Hospital Clinic Visits, including Diagnostic Testing	\$5 copayment for each outpatient clinic visit that is not for preventive services
2. Hospital Outpatient Mental Health Visits	\$25 copayment for each visit

<u>SERVICE</u>	<u>AMOUNT OF COPAYMENT</u>
3. Outpatient Substance Abuse Services for Detoxification	\$5 copayment for each visit
4. Hospital Outpatient Emergency Services Covered for Emergency Services only, including services provided in an outpatient hospital department or an urgent care facility. [Note: Triage and medical screenings must be covered in all situations.]	\$35 copayment; no copayment is required if the member was referred to the Emergency Room by his/her primary care provider for services that should have been rendered in the primary care provider's office or if the member is admitted into the hospital.
5. Primary Care Provider Services provided during normal office hours	\$5 copayment for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment; age-appropriate immunizations; prenatal care; or preventive dental services). The \$5 copayment shall only apply to the first prenatal visit.
6. Primary Care Provider Services during non-office hours and for home visits	\$10 copayment for each visit
7. Podiatrist Services	\$5 copayment for each visit
8. Optometrist Services	\$5 copayment for each visit, except for newborns covered under fee-for-service.
9. Outpatient Rehabilitation Services, including Physical Therapy, Occupational Therapy, and Speech Therapy	\$5 copayment for each visit
10. Prescription Drugs	\$5 copayment. If greater than a 34-day supply of a prescription drug is dispensed, a \$10 copayment applies.
11. Nurse Midwives	\$5 copayment for the first prenatal visit; \$10 for services rendered during non-office hours and for home visits. No copayment for preventive services or newborns covered under fee-for-service.
12. Physician specialist office visits during normal office hours	\$5 copayment per visit

<u>SERVICE</u>	<u>AMOUNT OF COPAYMENT</u>
13. Physician specialist office visits during non-office hours or home visits	\$10 copayment per visit
14. Nurse Practitioners	\$5 copayment for each visit (except for preventive care services) \$10 copayment per non-office hour visits
15. Psychologist Services	\$5 copayment for each visit
16. Laboratory and X-ray Services	\$5 copayment for each visit that is not part of an office visit

NO COPAYMENT SHALL BE CHARGED FOR THE FOLLOWING SERVICES:

1. Emergency Ambulance Services
2. Outpatient Surgery
3. Home Health Services
4. Hospice Services
5. Inpatient Hospital Services
6. Inpatient Mental Health Services
7. Inpatient Substance Abuse Detoxification Services
8. Skilled Nursing Facility Services

B.7.0 TERMS AND CONDITIONS

B.7.1 Physician Incentive Plan Provisions

The following provides information on the physician incentive payment provisions.

PHYSICIAN INCENTIVE PLAN PROVISIONS

I. GENERAL PROVISIONS

- A. In accordance with 42 CFR 417, the contractor may operate a physician incentive plan only if:
 - 1. No specific payment is made directly or indirectly under the plan to a physician or physician group as an inducement to reduce or limit medically necessary services furnished to an individual enrollee; and
 - 2. The stop-loss protection, enrollee survey, and disclosure requirements of 42 CFR 41 are met.
- B. The requirements apply to physician incentive plans between the contractor and individual physicians or physician groups with whom they contract to provide medical services to Medicaid enrollees. The requirements also apply to subcontracting arrangements. These requirements apply only to physician incentive plans that base compensation (in whole or in part) on the use or cost of services furnished to Medicaid recipients.

II. PROHIBITED PHYSICIAN PAYMENTS

No specific payment of any kind may be made directly or indirectly under the incentive plan to a physician or physician group as an inducement to reduce or limit covered medically necessary services covered under the contractor's contract furnished to an individual enrollee. Indirect payments include offerings of monetary value (such as stock options or waivers of debt) measured in the present or future.

III. DETERMINATION OF SUBSTANTIAL FINANCIAL RISK

Substantial financial risk occurs when the incentive arrangements place the physician or physician group at risk for amounts beyond the risk threshold, if the risk is based on the use or costs of referral services. Amounts at risk based solely on factors other than a physician's or physician group's referral levels do not contribute to the determination of substantial financial risk. The risk threshold is 25 percent.

IV. ARRANGEMENTS THAT CAUSE SUBSTANTIAL FINANCIAL RISK

For purposes of this contract, potential payments means the maximum anticipated total payments (based on the most recent year's utilization and experience and any current or anticipated factors that may affect payment amounts) that could be received if use or costs of referral services were low enough. The following physician incentive plans cause substantial financial risk if risk is based (in whole or in part) on use or costs of referral services and the patient panel size is not greater than 25,000 patients:

- A. Withholds greater than 25 percent of potential payments.
- B. Withholds less than 25 percent of potential payments if the physician or physician group is potentially liable for amounts exceeding 25 percent of potential payments.
- C. Bonuses that are greater than 33 percent of potential payments minus the bonus.
- D. Withholds plus bonuses if the withholds plus bonuses equal more than 25 percent of potential payments. The threshold bonus percentage for a particular withhold percentage may be calculated using the formula:

$$\text{Withhold \%} = -0.75 (\text{Bonus \%}) + 25\%$$

- E. Capitation arrangements, if:
 - 1. The difference between the maximum potential payments and minimum potential payments is more than 25 percent of the maximum potential payments; or
 - 2. The maximum and minimum potential payments are not clearly explained in the physician's or physician group's contract.
- F. Any other incentive arrangements that have the potential to hold a physician or physician group liable for more than 25 percent of potential payments.

V. REQUIREMENTS FOR PHYSICIAN INCENTIVE PLANS THAT PLACE PHYSICIANS AT SUBSTANTIAL FINANCIAL RISK

A contractor that operates incentive plans that place physicians or physician groups at substantial financial risk must do the following:

- A. Conduct enrollee surveys. These surveys must:
 - 1. Include either all current Medicaid enrollees in the contractor's plan and those who have disenrolled (other than because of loss of eligibility in Medicaid or relocation outside the contractor's service area) in the past 12 months, or a sample of these same enrollees and disenrollees;
 - 2. Be designed, implemented, and analyzed in accordance with commonly accepted principles of survey design and statistical analysis;
 - 3. Address enrollees/disenrollees satisfaction with the quality of the services provided and their degree of access to the services; and

4. Be conducted no later than one year after the effective date of this contract, and at least annually thereafter.
- B. Ensure that all physicians and physician groups at substantial financial risk have either aggregate or per-patient stop-loss protection in accordance with the following requirements:
1. If aggregate stop-loss protection is provided, it must cover 90 percent of the costs of referral services (beyond allocated amounts) that exceed 25 percent of potential payments.
 2. If the stop-loss protection provided is based on a per-patient limit, the stop-loss limit per patient must be determined based on the size of the patient panel and may be a single combined limit or consist of separate limits for professional services and institutional services. In determining patient panel size, the patients may be pooled, in accordance with Section VI. Stop-loss protection must cover 90 percent of the costs of referral services that exceed the per-patient limit. The per-patient stop-loss limit is as follows:

Panel Size	Single Combined Limit	Separate Institutionalized Limit	Separate Professional Limit
Less than 1,000	\$6,000	\$10,000	\$3,000
1,001 – 5,000	\$30,000	\$40,000	\$10,000
5,001 – 8,000	\$40,000	\$60,000	\$15,000
8,001 – 10,000	\$75,000	\$100,000	\$20,000
10,001 – 25,000	\$150,000	\$200,000	\$25,000
25,001+	None	None	None

VI. DISCLOSURE REQUIREMENTS

- A. What must be disclosed to the Department.
1. Information concerning physician incentive plans as required or requested in detail sufficient to enable the Department to determine whether the incentive plan complies with the requirements specified in this Article.
 - a. Whether services not furnished by the physician or physician group are covered by the incentive plan. If only the services furnished by the physician or physician group are covered by the incentive plan, disclosure of other aspects of the plan need not be made.
 - b. The type of incentive arrangement (e.g., withhold, bonus, capitation).

- c. If the incentive plan involves a withhold or bonus, the percent of the withhold or bonus.
- d. Proof that the physician or physician group has adequate stop-loss protection, including the amount, coinsurance and type of stop-loss protection.
- e. The panel size and, if patients are pooled, the method used. Pooling is permitted only if: it is otherwise consistent with the relevant contracts governing the compensation arrangements for the physician or physician group; the physician or physician group is at risk for referral services with respect to each of the categories of patients being pooled; the terms of the compensation arrangements permit the physician or physician group to spread the risk across the categories of patients being pooled; the distribution of payments to physicians from the risk pool is not calculated separately by patient category; and the terms of the risk borne by the physician or physician group are comparable for all categories of patients being pooled. If these conditions are met, the physician or physician group may use either or both of the following to pool patients:
 - (1) Pooling any combination of commercial, Medicare, or Medicaid patients enrolled in a specific HMO or CMP in the calculation of the panel size.
 - (2) Pooling together, by a physician group that contracts with more than one HMO, CMP, or health insuring organization (as defined in 42 CFR 434.2), or prepaid health plan (as defined in 42 CFR 434.2) the patients of each of those entities.
- f. In the case of capitated physicians or physician groups, capitation payments paid to primary care physicians for the most recent year broken down by percent for primary care services, referral services to specialists, and hospital and other types of provider (for example, home health agency) services.
- g. In the case of those prepaid plans that are required to conduct beneficiary surveys, the survey results.

B. When disclosure must be made to the Department.

- 1. An organization must provide the information required by Section IV.A to the Department.

- a. Prior to approval of its contract: [HCFA will not approve an HMO's or CMP's contract unless the HMO or CMP has provided the information required in this Section]
 - b. Upon the contract anniversary or renewal effective date or on request by HCFA.
 - c. Survey results are due three (3) months after the end of the contract year or upon request by HCFA.
- C. Disclosure to Medicaid enrollees. The contractor must provide the following information to any Medicaid enrollee who requests it:
 - 1. Whether the prepaid plan uses a physician incentive plan that affects the use of referral services.
 - 2. The type of incentive arrangement.
 - 3. Whether stop-loss protection is provided.
 - 4. If the prepaid plan was required to conduct a survey, a summary of the survey results.

VII. REQUIREMENTS RELATED TO SUBCONTRACTING ARRANGEMENTS

- A. Physician groups. A contractor that contracts with a physician group that places the individual physician members at substantial risk for services they do not furnish must do the following:
 - 1. Disclose to the Department any incentive plan between the physician group and its individual physicians that bases compensation to the physician on the use or cost of services furnished to Medicaid enrollees. The disclosure must include the information specified in this Section and be made at the times specified herein.
 - 2. Provide adequate stop-loss protection to the individual physicians.
 - 3. Conduct enrollee surveys as specified in Section V.A.
- B. Intermediate entities. A contractor that contracts with an entity (other than a physician group and may include an individual practice association and a physician hospital organization) for the provision of services to Medicaid enrollees must do the following:

1. Disclose to the Division any incentive plan between the contractor and a physician or physician group that bases compensation to the physician or physician group on the use or cost of services furnished to Medicaid enrollees. The disclosure must include the information required to be disclosed under this Section and be made at times specified herein.
 2. If the physician incentive plan puts a physician or physician group at substantial financial risk for the cost of services the physician or physician group does not furnish:
 - a. meet the stop-loss protection requirements of this section; and
 - b. conduct enrollee surveys as specified Section V.A.
- C. For purposes of this Section, an entity includes, but is not limited to, an individual practice association that contracts with one or more physician groups and a physician hospital organization.

VIII. SANCTIONS AGAINST THE CONTRACTOR

HCFA may apply intermediate sanctions, or the Office of Inspector General may apply civil money penalties described in Article 7.15 if HCFA determines that the contractor fails to comply with the requirements of this section.

B.7.2 Provider Contract/Subcontract Provisions

PROVIDER CONTRACT /SUBCONTRACT PROVISIONS

1. ITEMS TO BE ADDRESSED - ALL PROVIDER CONTRACTS/ SUBCONTRACTS

The State is not specifying verbatim language for the following items, but they must be addressed in all provider contracts/subcontracts, as applicable:

- A. Term. The provider contract/subcontract must specify the term of the agreement, including the beginning and ending dates, as well as methods of extension, re-negotiation and termination.
- B. Scope of Service. The provider contract/subcontract must define the provider/subcontractor's scope of service (more specific requirements in this area are outlined for FQHC and hospital providers – see Sections 3 and 4 below).
- C. Subcontractor Qualifications. A subcontractor performing a specific part of the contractor's obligations shall meet all of the requirements related to the services that the subcontractor is contracting to perform.
- D. Reimbursement. The provider contract/subcontract must include a reimbursement schedule and payment policy in compliance with federal and State statutes. The payment description must make clear whether there is financial risk or incentive payments and, if so, what they are specifically. Physician incentive payment plans must comply with the provisions of 42 CFR 417. Reimbursement for FQHCs must be in accordance with Article 8.10.
- E. Insurance. The provider contract/subcontract must require appropriate insurance coverage, including professional malpractice insurance, comprehensive general liability insurance, and automobile liability insurance. The minimum coverage for malpractice shall be \$1,000,000 per incident/\$3,000,000 aggregate. In addition, the provider/subcontractor must agree that any insurance obtained by the provider/subcontractor shall not limit the provider/subcontractor's indemnification of the State and enrollees.
- F. Cooperation. The provider contract/subcontract must require the provider/subcontractor's cooperation and participation in the contractor's quality management and utilization management system, including credentialing/recredentialing; appointment standards; and enrollee and provider complaint and grievance system.
- G. Encounter Data. In addition to the requirement in 2.N. below to provide encounter data, the provider contract/subcontract must include an incentive system for providers/subcontractors to assure submission of encounter data. At a minimum, the system shall include:

1. Mandatory provider/subcontractor profiling that includes complete and timely submissions of encounter data. Contractor must set specific requirements for profile elements based on data from encounter submissions.
 2. Contractor must set up data submission specifications and requirements based on encounter data elements for which compliance performance will be both rewarded and/or sanctioned.
- H. Monitoring by Contractor. The provider contract/subcontract shall acknowledge that the responsibilities performed by the provider/subcontractor are monitored on an ongoing basis and that the contractor is ultimately responsible to the Department for the performance of all services. It must include provisions for monitoring the performance of its providers/subcontractors and ensuring that performance is consistent with the contract between the contractor and the Department. This shall include the contractor's right to revoke the provider contract/subcontract if the provider/subcontractor does not perform satisfactorily. If the provider contract/subcontract provides for the selection of providers, the provider contract/subcontract must state that the contractor retains the right to approve, suspend, or terminate any such arrangement.
- I. Monitoring/Enforcement by State. The provider contract/subcontract shall provide that the Department may require the contractor to terminate the provider contract/subcontract if performance is not consistent with the contract between the contractor and the Department.
- J. Notice. The provider contract/subcontract must require the provider/subcontractor to notify the contractor of any change in licensing or hospital admitting status.
- K. Equality of Access. Unless a higher standard is required by the contractor's contract with the State, the provider/subcontractor shall provide the same level of medical care and health service to DMAHS enrollees as it does to enrollees under private or group contracts.
- L. Severability. The provider contract/subcontract must include a severability clause.
- M. Amendments. The provider contract/subcontract must include provisions regarding contract amendments and modifications.
- N. Termination. The provider contract/subcontract must specify procedures and criteria for terminating the contract, including suspension, termination, or exclusion from a state or federal health care program and the requirements in 2.G. and H. below

- O. Such other information as may be required for provider contracts/subcontracts by other sections in this contract.

2. REQUIRED LANGUAGE – ALL PROVIDER CONTRACTS AND SUBCONTRACTS

The following text must be included verbatim in all provider contracts and subcontracts (to the extent applicable to the provider contract/subcontract). The language either may be included in the body of the provider contract/subcontract or as an amendment.

The provider/subcontractor agrees to serve enrollees in New Jersey Care 2000+ and, in doing so, to comply with all of the following provisions:

A. SUBJECTION OF PROVIDER CONTRACT/SUBCONTRACT

This provider contract/subcontract shall be subject to the applicable material terms and conditions of the contract between the contractor and the State and shall also be governed by and construed in accordance with all laws, regulations and contractual obligations incumbent upon the contractor.

B. COMPLIANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS

The provider/subcontractor agrees that it shall carry out its obligations as herein provided in a manner prescribed under applicable federal and State laws, regulations, codes, and guidelines including New Jersey licensing board regulations, the Medicaid, NJ KidCare, and NJ FamilyCare State Plans, and in accordance with procedures and requirements as may from time to time be promulgated by the United States Department of Health and Human Services.

C. APPROVAL OF PROVIDER CONTRACTS/SUBCONTRACTS AND AMENDMENTS

The provider/subcontractor understands that the State reserves the right in its sole discretion to review and approve or disapprove this provider contract/subcontract and any amendments thereto.

D. EFFECTIVE DATE

This provider contract/subcontract shall become effective only when the contractor's agreement with the State takes effect.

E. NON-RENEWAL/TERMINATION OF PROVIDER CONTRACT/SUBCONTRACT

The provider/subcontractor understands that the contractor shall notify DMAHS at least 30 days prior to the effective date of the suspension, termination, or voluntary withdrawal of the provider/subcontractor from participation in the contractor's network. If the termination was "for cause," the contractor's notice to DMAHS shall include the reasons for the termination. Provider resource consumption patterns shall not constitute "cause" unless the contractor can demonstrate it has in place a risk adjustment system that takes into account enrollee health-related differences when comparing across providers.

F. ENROLLEE-PROVIDER COMMUNICATIONS

1. The contractor shall not prohibit or restrict the provider/subcontractor from engaging in medical communications with the provider's/subcontractor's patient, either explicit or implied, nor shall any provider manual, newsletters, directives, letters, verbal instructions, or any or other form of communication prohibit medical communication between the provider/subcontractor and the provider's/subcontractor's patient. Providers/subcontractors shall be free to communicate freely with their patients about the health status of their patients, medical care or treatment options regardless of whether benefits for that care or treatment are provided under the provider contract/subcontract, if the professional is acting within the lawful scope of practice. Providers/subcontractors shall be free to practice their respective professions in providing the most appropriate treatment required by their patients and shall provide informed consent within the guidelines of the law including possible positive and negative outcomes of the various treatment modalities.
2. Nothing in section F.1 shall be construed:
 - a. To prohibit the enforcement, including termination, as part of a provider contract/subcontract or agreement to which a health care provider is a party, of any mutually agreed upon terms and conditions, including terms and conditions requiring a health care provider to participate in, and cooperate with, all programs, policies, and procedures developed or operated by the contractor to assure, review, or improve the quality and effective utilization of health care services (if such utilization is according to guidelines or protocols that are based on clinical or scientific evidence and the professional judgment of the provider), but only if the guidelines or protocols under such utilization do not prohibit or restrict medical communications between providers/subcontractors and their patients; or

- b. To permit a health care provider to misrepresent the scope of benefits covered under this provider contract/subcontractor or to otherwise require the contractor to reimburse providers/subcontractors for benefits not covered.

**G. RESTRICTION ON TERMINATION OF PROVIDER CONTRACT/
SUBCONTRACT BY CONTRACTOR**

The contractor shall not terminate this provider contract/subcontract for either of the following reasons:

1. Because the provider/subcontractor expresses disagreement with the contractor's decision to deny or limit benefits to a covered person or because the provider/subcontractor assists the covered person to seek reconsideration of the contractor's decision; or because the provider/subcontractor discusses with a current, former, or prospective patient any aspect of the patient's medical condition, any proposed treatments or treatment alternatives, whether covered by the contractor or not, policy provisions of the contractor, or the provider/subcontractor's personal recommendation regarding selection of a health plan based on the provider/subcontractor's personal knowledge of the health needs of such patients.
2. Because the provider/subcontractor engaged in medical communications, either explicit or implied, with a patient about medically necessary treatment options, or because the provider/subcontractor practiced its profession in providing the most appropriate treatment required by its patients and provided informed consent within the guidelines of the law, including possible positive and negative outcomes of the various treatment modalities.

H. TERMINATION OF PROVIDER CONTRACT/SUBCONTRACT – STATE

The provider/subcontractor understands and agrees that the State may order the termination of this provider contract/subcontract if it is determined that the provider/subcontractor:

1. Takes any action or fails to prevent an action that threatens the health, safety or welfare of any enrollee, including significant marketing abuses;
2. Takes any action that threatens the fiscal integrity of the Medicaid program;

3. Has its certification suspended or revoked by DOBI, DHSS, and/or any federal agency or is federally debarred or excluded from federal procurement and non-procurement contracts;
4. Becomes insolvent or falls below minimum net worth requirements;
5. Brings a proceeding voluntarily or has a proceeding brought against it involuntarily, under the Bankruptcy Act;
6. Materially breaches the provider contract/subcontract; or
7. Violates state or federal law.

I. NON-DISCRIMINATION

The provider/subcontractor shall comply with the following requirements regarding nondiscrimination:

1. The provider/subcontractor shall accept assignment of an enrollee and not discriminate against eligible enrollees because of race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, Section 504 of the Rehabilitation Act of 1973, 29 USC Section 794, the Americans with Disabilities Act of 1990 (ADA), 42 USC Section 12132, and rules and regulations promulgated pursuant thereto, or as otherwise provided by law or regulation.
2. ADA Compliance. The provider/subcontractor shall comply with the requirements of the Americans with Disabilities Act (ADA). In providing health care benefits, the provider/subcontractor shall not directly or indirectly, through contractual, licensing, or other arrangements, discriminate against Medicaid/NJ FamilyCare beneficiaries who are “qualified individuals with a disability” covered by the provisions of the ADA. The contractor shall supply a copy of its ADA compliance plan to the provider/subcontractor.

A “qualified individual with a disability” as defined pursuant to 42 U.S.C. § 12131 is an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

The provider/subcontractor shall submit to the State a written certification that it is conversant with the requirements of the ADA, that it is in compliance with the law, and that it has assessed its provider network and certifies that the providers meet ADA requirements to the best of the provider/subcontractor's knowledge. The provider/subcontractor warrants that it will hold the State harmless and indemnify the State from any liability which may be imposed upon the State as a result of any failure of the provider/subcontractor to be in compliance with the ADA. Where applicable, the provider/subcontractor must abide by the provisions of section 504 of the federal Rehabilitation Act of 1973, as amended, regarding access to programs and facilities by people with disabilities.

3. The provider/subcontractor shall not discriminate against eligible persons or enrollees on the basis of their health or mental health history, health or mental health status, their need for health care services, amount payable to the provider/subcontractor on the basis of the eligible person's actuarial class, or pre-existing medical/health conditions.
4. The provider/subcontractor shall comply with the Civil Rights Act of 1964 (42 USC 2000d), the regulations (45 CFR Parts 80 & 84) pursuant to that Act, and the provisions of Executive Order 11246, Equal Opportunity, dated September 24, 1965, the New Jersey anti-discrimination laws including those contained within N.J.S.A. 10: 2-1 through N.J.S.A. 10: 2-4, N.J.S.A. 10: 5-1 et seq. and N.J.S.A. 10: 5-38, and all rules and regulations issued thereunder, and any other laws, regulations, or orders which prohibit discrimination on grounds of age, race, ethnicity, mental or physical disability, sexual or affectional orientation or preference, marital status, genetic information, source of payment, sex, color, creed, religion, or national origin or ancestry. The provider/subcontractor shall not discriminate against any employee engaged in the work required to produce the services covered by this provider contract/subcontract, or against any applicant for such employment because of race, creed, color, national origin, age, ancestry, sex, marital status, religion, disability or sexual or affectional orientation or preference.
5. The contractor and provider/subcontractor shall not discriminate with respect to participation, reimbursement, or indemnification as to any provider who is acting within the scope of the provider's/subcontractor's license or certification under applicable State law, solely on the basis of such license or certification. This paragraph shall not be construed to prohibit an organization from including providers/subcontractors only to the extent necessary to meet the needs of the organization's enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the organization.

6. Scope. This non-discrimination provision shall apply to but not be limited to the following: recruitment, hiring, employment upgrading, demotion, transfer, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship included in PL 1975, Chapter 127.
7. Grievances. The provider/subcontractor agrees to forward to the Department copies of all grievances alleging discrimination against enrollees because of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual or affectional orientation, physical or mental handicap for review and appropriate action within three (3) business days of receipt by the provider/subcontractor.

J. OBLIGATION TO PROVIDE SERVICES AFTER THE PERIOD OF THE CONTRACTOR'S INSOLVENCY AND TO HOLD ENROLLEES AND FORMER ENROLLEES HARMLESS

1. The provider/subcontractor shall remain obligated to provide all services for the duration of the period after the contractor's insolvency, should insolvency occur, for which capitation payments have been made and, for any hospitalized enrollee, until the enrollee has been discharged from the inpatient facility.
2. The provider/subcontractor agrees that under no circumstances, (including, but not limited to, nonpayment by the contractor or the state, insolvency of the contractor, or breach of agreement) will the provider/subcontractor bill, charge, seek compensation, remuneration or reimbursement from, or have recourse against, enrollees, or persons acting on their behalf, for covered services other than provided in section 2.P.
3. The provider/subcontractor agrees that this provision shall survive the termination of this provider contract/subcontract regardless of the reason for termination, including insolvency of the contractor, and shall be construed to be for the benefit of the contractor or enrollees.
4. The provider/subcontractor agrees that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between the provider/subcontractor and enrollees, or persons acting on their behalf, insofar as such contrary agreement relates to liability for payment for or continuation of covered services provided under the terms and conditions of this continuation of benefits provisions.
5. The provider/subcontractor agrees that any modification, addition, or deletion to this provision shall become effective on a date no earlier than thirty (30) days after the approval by the State.

6. The provider/subcontractor shall comply with the prohibition against balance billing as described within the payment in-full provision of N.J.S.A. 30:D-6(c).

K. INSPECTION

The provider/subcontractor shall allow the New Jersey Department of Human Services, the U.S. Department of Health and Human Services (DHHS), and other authorized State agencies, or their duly authorized representatives, to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services performed under the provider contract/subcontract, and to inspect, evaluate, and audit any and all books, records, and facilities maintained by the provider/subcontractor pertaining to such services, at any time during normal business hours (and after business hours when deemed necessary by DHS or DHHS) at a New Jersey site designated by the State. Inspections may be unannounced for cause.

The subcontractor shall also permit the State, at its sole discretion, to conduct onsite inspections of facilities maintained by the provider/subcontractor, prior to approval of their use for providing services to enrollees.

Books and records include, but are not limited to, all physical records originated or prepared pursuant to the performance under this provider contract/subcontract, including working papers, reports, financial records and books of account, medical records, dental records, prescription files, provider contracts and subcontracts, credentialing files, and any other documentation pertaining to medical, dental, and nonmedical services to enrollees. Upon request, at any time during the period of this provider contract/subcontract, the provider/subcontractor shall furnish any such record, or copy thereof, to the Department or the Department's External Review Organization within 30 days of the request. If the Department determines, however, that there is an urgent need to obtain a record, the Department shall have the right to demand the record in less than 30 days, but no less than 24 hours.

L. RECORD MAINTENANCE

The provider/subcontractor shall agree to maintain all of its books and records in accordance with the general standards applicable to such book or record keeping.

M. RECORD RETENTION

The provider/subcontractor hereby agrees to maintain an appropriate recordkeeping system for services to enrollees. Such system shall collect all pertinent information relating to the medical management of each enrolled beneficiary and make that information readily available to appropriate health professionals and the Department. Records must be retained for the later of:

1. Five (5) years from the date of service, or
2. Three (3) years after final payment is made under the provider contract/subcontract and all pending matters are closed.

If an audit, investigation, litigation, or other action involving the records is started before the end of the retention period, the records shall be retained until all issues arising out of the action are resolved or until the end of the retention period, whichever is later. Records shall be made accessible at a New Jersey site and on request to agencies of the State of New Jersey and the federal government. For enrollees who are eligible through the Division of Youth and Family Services, records shall be kept in accordance with the provisions under N.J.S.A. 9:6-8.10a and 9:6-8:40 and consistent with need to protect the enrollee's confidentiality.

If an enrollee disenrolls from the contractor, the provider/subcontractor shall release medical records of the enrollee as may be directed by the enrollee, authorized representatives of the Department and appropriate agencies of the State of New Jersey and of the federal government. Release of records shall be consistent with the provision of confidentiality expressed in Section 2.R., Confidentiality, and at no cost to the enrollee.

N. DATA REPORTING

The provider/subcontractor agrees to provide all necessary information to enable the contractor to meet its reporting requirements, including specifically with respect to encounter reporting. The encounter data shall be in a form acceptable to the State.

O. DISCLOSURE

1. The provider/subcontractor further agrees to comply with the Prohibition On Use Of Federal Funds For Lobbying provisions of the contractor's agreement with the State.
2. The provider/subcontractor shall comply with financial disclosure provision of 42 CFR 434, 1903 (m) of the S.S.A., and N.J.A.C. 10:49-19.

P. LIMITATIONS ON COLLECTION OF COST-SHARING

The provider/subcontractor shall not impose cost-sharing charges of any kind upon Medicaid or NJ FamilyCare A and B enrollees. Personal contributions to care for NJ FamilyCare C enrollees and copayments for NJ FamilyCare Plan D enrollees shall be collected in accordance with the attached schedule.

Q. INDEMNIFICATION BY PROVIDER/SUBCONTRACTOR

1. The provider/subcontractor agrees to indemnify and hold harmless the State, its officers, agents and employees, and the enrollees and their eligible dependents from any and all claims or losses accruing or resulting from its negligence in furnishing or supplying work, services, materials, or supplies in connection with the performance of this provider contract/subcontract.
2. The provider/subcontractor agrees to indemnify and hold harmless the State, its officers, agents, and employees, and the enrollees and their eligible dependents from liability deriving or resulting from its insolvency or inability or failure to pay or reimburse any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this provider contract/subcontract.
3. The provider/subcontractor agrees further that it will indemnify and hold harmless the State, its officers, agents, and employees, and the enrollees and their eligible dependents from any and all claims for services for which the provider/subcontractor receives payment.
4. The provider/subcontractor agrees further to indemnify and hold harmless the State, its officers, agents and employees, and the enrollees and their eligible dependents, from all claims, damages, and liability, including costs and expenses, for violation of any proprietary rights, copyrights, or rights of privacy arising out of the publication, translation, reproduction, delivery, performance, use, or disposition of any data furnished to it under this provider contract/subcontract, or for any libelous or otherwise unlawful matter contained in such data that the provider/subcontractor inserts.
5. The provider/subcontractor shall indemnify the State, its officers, agents and employees, and the enrollees and their eligible dependents from any injury, death, losses, damages, suits, liabilities judgments, costs and expenses and claim of negligence or willful acts or omissions of the provider/subcontractor, its officers, agents, and employees arising out of alleged violation of any State or federal law or regulation. The provider/subcontractor shall also indemnify and hold the State harmless from any claims of alleged violations of the Americans with Disabilities Act by the subcontractor/provider.

R. CONFIDENTIALITY

1. General. The provider/subcontractor hereby agrees and understands that all information, records, data, and data elements collected and maintained for the operation of the provider/subcontractor and the contractor and

Department and pertaining to enrolled persons, shall be protected from unauthorized disclosure in accordance with the provisions of 42 U.S.C. 1396(a)(7)(Section 1902(a)(7) of the Social Security Act), 42 CFR Part 431, subpart F, N.J.S.A. 30:4D-7 (g) and N.J.A.C. 10:49-9.4. Access to such information, records, data and data elements shall be physically secured and safeguarded and shall be limited to those who perform their duties in accordance with provisions of this provider contract/subcontract including the Department of Health and Human Services and to such others as may be authorized by DMAHS in accordance with applicable law. For enrollees covered by the contractor's plan that are eligible through the Division of Youth and Family Services, records shall be kept in accordance with the provisions under N.J.S.A. 9:6-8.10a and 9:6-8:40 and consistent with the need to protect the enrollee's confidentiality.

2. **Enrollee-Specific Information.** With respect to any identifiable information concerning an enrollee that is obtained by the provider/subcontractor, it: (a) shall not use any such information for any purpose other than carrying out the express terms of this provider contract/subcontract; (b) shall promptly transmit to the Department all requests for disclosure of such information; (c) shall not disclose except as otherwise specifically permitted by the provider contract/subcontract, any such information to any party other than the Department without the Department's prior written authorization specifying that the information is releasable under 42 CFR, Section 431.300 et seq., and (d) shall, at the expiration or termination of the provider contract/subcontract, return all such information to the Department or maintain such information according to written procedures sent by the Department for this purpose.
3. **Employees.** The provider/subcontractor shall instruct its employees to keep confidential information concerning the business of the State, its financial affairs, its relations with its enrollees and its employees, as well as any other information which may be specifically classified as confidential by law.
4. **Medical Records and management information data concerning enrollees** shall be confidential and shall be disclosed to other persons within the provider's/subcontractor's organization only as necessary to provide medical care and quality, peer, or grievance review of medical care under the terms of this provider contract/subcontract.
5. The provisions of this article shall survive the termination of this provider contract/subcontract and shall bind the provider/subcontractor so long as the provider/subcontractor maintains any individually identifiable information relating to Medicaid/NJ FamilyCare beneficiaries.

S. CLINICAL LABORATORY IMPROVEMENT

The provider/subcontractor shall ensure that all laboratory testing sites providing services under this provider contract/subcontract have either a Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver or a certificate of registration along with a CLIA identification number. Those laboratory service providers with a certificate of waiver shall provide only those tests permitted under the terms of their waiver. Laboratories with certificates of registration may perform a full range of laboratory tests.

T. FRAUD AND ABUSE

1. The provider/subcontractor agrees to assist the contractor as necessary in meeting its obligations under its contract with the State to identify, investigate, and take appropriate corrective action against fraud and/or abuse (as defined in 42 CFR 455.2) in the provision of health care services.
2. If the State has withheld payment and/or initiated a recovery action against the provider/subcontractor, or withheld payments pursuant to 42 CFR 456.23 and NJAC 10:49-9.10(a), the contractor shall have the right to withhold payments from the provider/subcontractor and/or forward those payments to the State.

U. THIRD PARTY LIABILITY

1. The provider/subcontractor shall utilize, whenever available, and report any other public or private third party sources of payment for services rendered to enrollees.
2. Except as provided in subsection 3. below, if the provider/subcontractor is aware of third party coverage, it shall submit its claim first to the appropriate third party before submitting a claim to the contractor.
3. In the following situations, the provider/subcontractor may bill the contractor first and then coordinate with the liable third party, unless the contractor has received prior approval from the State to take other action.
 - a. The coverage is derived from a parent whose obligation to pay support is being enforced by the Department of Human Services.
 - b. The claim is for prenatal care for a pregnant woman or for preventive pediatric services (including EPSDT services) that are covered by the Medicaid program.

- c. The claim is for labor, delivery, and post-partum care and does not involve hospital costs associated with the inpatient hospital stay.
 - d. The claim is for a child who is in a DYFS supported out of home placement.
 - e. The claim involves coverage or services mentioned in 3.a, 3.b, 3.c, or 3.d, above in combination with another service.
- 4. If the provider/subcontractor knows that the third party will neither pay for nor provide the covered service, and the service is medically necessary, the provider/subcontractor may bill the contractor without having received a written denial from the third party.
- 5. Sharing of TPL Information by the Provider/Subcontractor.
 - a. The provider/subcontractor shall notify the contractor within thirty (30) days after it learns that an enrollee has health insurance coverage not reflected in the health insurance provided by the contractor, or casualty insurance coverage, or of any change in an enrollee's health insurance coverage.
 - b. When the provider/subcontractor becomes aware that an enrollee has retained counsel, who either may institute or has instituted a legal cause of action for damages against a third party, the provider/subcontractor shall notify the contractor in writing, including the enrollee's name and Medicaid identification number, date of accident/incident, nature of injury, name and address of enrollee's legal representative, copies of pleadings, and any other documents related to the action in the provider's/subcontractor's possession or control. This shall include, but not be limited to (for each service date on or subsequent to the date of the accident/incident), the enrollee's diagnosis and the nature of the service provided to the enrollee.
 - c. The provider/subcontractor shall notify the contractor within thirty (30) days of the date it becomes aware of the death of one of its Medicaid enrollees age 55 or older, giving the enrollee's full name, Social Security Number, Medicaid identification number, and date of death.
 - d. The provider/subcontractor agrees to cooperate with the contractor's and the State's efforts to maximize the collection of third party payments by providing to the contractor updates to the information required by this section.

3. FQHC PROVIDER CONTRACTS/SUBCONTRACTS

In addition to the provisions described in Sections 1 and 2, FQHC provider contract/subcontracts must:

- A. List each specific service to be covered.
- B. Include the credentialing requirements for individual practitioners.
- C. Include an assurance that continuation of the FQHC contract is contingent on maintaining quality services and maintaining the Primary Care Evaluation Review (PCER) by the federal government at a good quality level. FQHCs must make available to the contractor the PCER results annually which shall be considered in the contractor's QM reviews for assessing quality of care.

4. HOSPITAL PROVIDER CONTRACT/SUBCONTRACTS

In addition to the provisions described in Sections 1 and 2, hospital provider contract/subcontracts must comply with all of the following:

- A. Hospital contracts shall list each specific service to be covered including:
 - 1. Inpatient services;
 - 2. Anesthesia and whether professional services of anesthesiologists and nurse anesthetists are included;
 - 3. Emergency room services
 - a. Triage fee - whether facility and professional fees are included;
 - b. Medical screening fee - whether facility and professional fees are included;
 - c. Specific treatment rates for:
 - (1) Emergent services
 - (2) Urgent services
 - (3) Non-urgent services
 - (4) Other
 - d. Other - must specify
 - 4. Neonatology - facility and professional fees
 - 5. Radiology
 - a. Diagnostic
 - b. Therapeutic
 - c. Facility fee
 - d. Professional services
 - 6. Laboratory - facility and professional services

7. Outpatient/clinic services must be specific and address
 - a. Physical and occupational therapy and therapists
 - b. Speech therapy and therapists
 - c. Audiology therapy and therapists
 8. AIDS Centers
 9. Any other specialized service or center of excellence
 10. Hospice services if the hospital has an approved hospice agency which is Medicare certified.
 11. Home Health agency services if hospital has an approved home health agency license from the Department of Health and Senior Services which meets licensing and Medicare certification participation requirements.
 12. Any other service.
- B. The contractor shall pay for all medical screening services rendered to its enrollees by hospitals and emergency room physicians. The amount and method of reimbursement for medical screenings shall be subject to negotiation between the contractor and the hospital and directly with non-hospital-salaried emergency room physicians and shall include reimbursement for urgent care and non-urgent care rates. Additional fees for additional services may be included at the discretion of the contractor and the hospital.
- C. Prior authorization for medical screenings, emergency care, or urgent care situations at the hospital emergency room shall not be required. The hospital emergency room physician may determine the necessity for contacting the PCP or the contractor for information about a patient who presents with an urgent condition.

5. PCP PROVIDER CONTRACTS/SUBCONTRACTS

In addition to the provisions in 1 and 2, PCP provider contracts/subcontracts shall include the responsibilities of the PCP, including that the PCP shall:

- A. Supervise, coordinate, and manage enrollee's care
- B. Maintain the enrollee's medical record
- C. Provide 24 hour/7 day a week access
- D. Make referrals for specialty care

SECTION C
CAPITATION RATES

Rate Exhibit
Appendix: Section C
Medicaid Managed Care Rates
Contract Period: July 1, 2001 - June 30, 2002

Category	Age/Sex	Northern	Central	Southern	Statewide
AFDC / KidCare A / FamilyCare Children	< 1 Years M&F	\$424.60	\$475.98	\$405.15	
AFDC / KidCare A / FamilyCare Children	1 - 1.99 M&F	\$130.72	\$126.18	\$108.78	
AFDC / KidCare A / FamilyCare Children	Youth	\$69.69	\$67.51	\$54.61	
AFDC / KidCare A / NJCPW / FamilyCare Children	15 - 44.99 Female	\$154.02	\$160.45	\$128.27	
AFDC / NJCPW	21 - 44.99 Male	\$143.54	\$135.54	\$112.72	
AFDC / NJCPW	45+ M&F	\$283.04	\$309.38	\$270.09	
Aged with Medicare	All	\$277.02	\$275.37	\$295.16	
Blind/Disabled with Medicare	< 45 M & F	\$238.06	\$253.79	\$234.74	
Blind/Disabled with Medicare	45+ M & F	\$342.58	\$358.89	\$370.54	
Maternity	All	\$6,182.78	\$6,480.41	\$6,402.26	
ABD-DDD with Medicare	All				\$271.54
ABD (including AIDS) without Medicare	All				\$513.53
ABD-DDD without Medicare	All				\$576.17
Non ABD-DDD (including Home Health Add-On)	All				\$655.79
DYFS	< 1 Years M&F				\$475.60
DYFS	1 - 1.99 M&F				\$156.37
DYFS	Youth				\$89.53
KidCare B&C	< 1 Years M&F				\$320.31
KidCare B&C	1 - 1.99 M&F				\$121.84
KidCare B&C	Youth				\$72.14
KidCare D	< 1 Years M&F				\$309.24
KidCare D	1 - 1.99 M&F				\$110.25
KidCare D	Youth				\$65.27
FamilyCare Adults 0 - 50%	19 - 44 Female				\$175.58
FamilyCare Adults 0 - 50%	19 - 44 Male				\$143.62
FamilyCare Adults 0 - 50%	45+ M&F				\$302.09
FamilyCare Adults 51 - 100%	19 - 44 Female				\$159.44
FamilyCare Adults 51 - 100%	19 - 44 Male				\$129.92
FamilyCare Adults 51 - 100%	45+ M&F				\$280.95
FamilyCare Parents 0 - 133%	19 - 44 Female				\$169.76
FamilyCare Parents 0 - 133%	19 - 44 Male				\$133.11
FamilyCare Parents 0 - 133%	45+ M&F				\$296.27
FamilyCare Parents 134 - 200%	19 - 44 Female				\$130.15
FamilyCare Parents 134 - 200%	19 - 44 Male				\$108.32
FamilyCare Parents 134 - 200%	45+ M&F				\$249.37
AIDS - ABD with Medicare	All				\$860.67
AIDS - Non-ABD	All				\$1,448.26
AIDS - ABD with Medicare DDD (including Behavioral Health Add-On)	All				\$895.36
AIDS-Non-ABD DDD (including Behavioral Health Add-On)	All				\$1,518.08
Add-On Home Health - Non-ABD-DDD	All				\$79.62
Add-On - Behavioral Health - AIDS ABD with Medicare DDD	All				\$34.69
Add-On - Behavioral Health - AIDS Non-ABD DDD	All				\$69.81

SECTION D
CONTRACTOR'S DOCUMENTATION

D.1 Contractor's QAPI/Utilization Management Plans
(To be inserted)

D.2 Contractor's Grievance Process
(To be inserted)

D.3 Contractor's Provider Network
(To be inserted)

D.4 Contractor's List of Subcontractors
(To be inserted)

D.5 Contractor's Supplemental Benefits
(To be inserted)

D.6 Contractor's Representative
(To be inserted)